Department of Health and Human Services

TRIBAL CONSULTATION REPORT 2004

OS
ACF
AHRQ
Agency for Healthcare Research and Quality
AoA
CDC
Centers for Disease Control
CMS
FDA
Food and Drug Administration
U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration
NATIONAL INSTITUTES OF HEALTH
Substance Abuse and Mental Health Services Administration
SAMHSA

Prepared by the
Office of Intergovermental Affairs

Regina B. Schofield, Director

February 28, 2005

ACKNOWLEDGEMENTS

This report reflects the many activities undertaken at HHS throughout fiscal year 2004. The progress we have made is a tribute to the strength of our partnership and reflects a major collective accomplishment.

In January 2005, we welcomed our newly appointed Secretary, Michael O. Leavitt. Secretary Leavitt brings strong leadership with him to HHS as well as a history of meaningful partnerships with Indian Tribes. He has stated his desire to build upon that partnership as Secretary at HHS.

> *"I am proud of the success HHS has had in working with Tribes, and I realize that significant opportunities for progress remain. I pledge that this Department will continue to build strong partnerships with Tribal governments to provide health and human services in Indian Country."*

Principal among our successes in 2004 was the revision of HHS's Tribal Consultation Policy. Leading the effort was the Tribal Consultation Policy Revision Workgroup (TCPRW), which represented Tribes in every Region, national Tribal organizations, and HHS divisions. The revised policy reiterates the commitment to the government-to-government relationship that exists between the United States and federally recognized Tribes and is a direct reflection of the pledge of HHS and Tribal leaders to that relationship. Both former Secretary Tommy G. Thompson and former Deputy Secretary Claude Allen made the revised Tribal Consultation Policy a top priority during their tenure here, and we greatly appreciate that support.

We also appreciate the outstanding dedication of the national and regional Tribal organizations that enthusiastically lent their expertise to support this project. Both through the TCPRW and during the comment period, they contributed significantly to the development of the new policy.

Many individuals work behind the scenes to support Tribal Governments and Native American communities. The HHS Tribal Liaisons, located in all Staff and Operating Divisions, are the people we turn to for every major activity undertaken by the Office of the Secretary. We encourage you to contact them for assistance within their Divisions. An updated contact list is included in this report for your reference.

Another success we celebrate is the strong support President Bush showed to Indian Country in his HHS budget proposal for 2006. Because of the effectiveness of the consultation process in 2004, the President's budget requests sustained or enhanced funding for HHS programs that serve Tribes, especially the Indian Health Service.

Finally, I also wish to express my gratitude to three participants in the HHS Emerging Leaders Program (ELP). Ms. Jolene Aguilar (San Ildefonso Pueblo), Mr. David "Clay" Ward (Choctaw Nation of Oklahoma) and Ms. Mia Strickland (Lumbee Tribe), provided significant assistance in collecting, compiling and editing the information in this report. I am deeply appreciative to ELP for placing them here in IGA.

The year 2005 will be an exciting one. Our tasks are great, but together we will have the ability to accomplish great things. I am grateful to continue to have this opportunity to serve the President, the Secretary, the Tribal leaders and their respective organizations.

Please feel free to review this report online at our office's web site: http://www.hhs.gov/ofta.

Respectfully,

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SECTION I

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INTERGOVERNMENTAL AFFAIRS
THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
ANNUAL TRIBAL CONSULTATION REPORT
FISCAL YEAR 2004

Introduction

This is the fourth annual consultation report developed by the U. S. Department of Health and Human Services (HHS) in compliance with the HHS tribal consultation policy. It provides an overview of the wide array of tribal consultation conducted by HHS programs during fiscal year 2004 and includes issues raised by the tribes, as well as the progress made within HHS to address those issues.

In his Executive Memorandum dated September 23, 2004, President Bush reaffirmed the government-to-government relationship that exists between the United States and American Indian and Alaska Native tribes.

> "My Administration is committed to continuing to work with federally recognized tribal governments on a government-to-government basis and strongly supports and respects tribal sovereignty and self-determination for tribal governments in the United States. I take pride in acknowledging and reaffirming the existence and durability of our unique government-to-government relationship and these abiding principles."

One of the fundamental signs of the respect for tribal sovereignty referred to by the President in the quote above is the action of consulting with tribes before actions are taken that will affect them. HHS has an extensive history of promoting and conducting such consultation. This report chronicles the many tribal consultation activities that have been conducted across HHS in 2004.

In 2004, tribal consultation at HHS took many forms. A national budget consultation session that focused on the health and human services budget priorities of tribes, regional consultation sessions coordinated by HHS regional directors, and HHS Division sponsored consultation all served to provide tribes multiple opportunities for tribes to make their views and priorities known to HHS officials on a wide variety of health and human services issues.

HHS senior staff continued to travel throughout Indian Country. This travel has been at the invitation of tribal leaders who have repeatedly stated that there is no substitute for seeing health and human service conditions first hand in Indian communities.

In addition to these events, HHS also joined with the tribes in a process designed to revise and strengthen the HHS Tribal Consultation Policy. The revised HHS policy signed January 14, 2005 culminated an 18-month process of open dialogue with tribes about how consultation at HHS could be strengthened and improved.

The gains documented in this report are viewed as continued steps in a process that ultimately will assist Indian communities in addressing the health and human service disparities that confront them.

Regional Consultation Sessions

Since 2002, HHS Regional Directors have conducted annual regional tribal consultation sessions with the tribes in their region. These sessions were done in an effort to increase mutual awareness of both tribes and HHS staff of issues and programs of concern. Conducting consultation on a regular basis in a closer proximity to tribal communities provides the opportunity for an ongoing dialogue about tribal concerns and priorities as well as the opportunity for HHS to provide feedback to tribes on how their concerns and priorities are being addressed.

A long-term goal of HHS is to assist tribes in fully accessing the resources of those HHS programs for which they are eligible. To accomplish that goal requires tribes to have a better understanding of HHS programs. These regional consultation sessions provide one regular opportunity to foster that enhanced level of understanding. Because of the complexity and breadth of HHS programs, as well as spectrum of tribal issues, these regional sessions are critical to the overall consultation effort at HHS.

Conversely, for HHS to help address the needs of tribal communities requires that decision makers, as well as the staff, develop a thorough understanding of the priorities of tribes, the affects of federal actions on tribal communities, the underlying conditions that affect the health and human services concerns of tribes, and the issues tribes confront when interacting with HHS. This process of enhanced mutual understanding requires a long-term commitment from both HHS and tribes to reach out and to learn.

The eight sessions conducted in 2004 provided an ongoing opportunity for tribes to provide HHS with their current priorities. The sessions were conducted between March 17 and July 22, 2004. The sessions were attended by representatives of 151 tribes and 727 total participants. The sessions also served as a portion of the consultation process that resulted in a revised HHS Tribal Consultation Policy.

In 2004, Regions I, II, IV, V and X held their consultation sessions in conjunction with Indian Health Service (IHS) area budget consultation sessions for the Nashville, Bemidji, Portland, and Alaska Areas. Additionally, Regions I, II and IV held a combined regional consultation session in Nashville, TN. The United South and Eastern Tribes (USET) and the Nashville Area IHS provided assistance with the organization of this session. In addition to this session, Region II also conducted a separate session in Syracuse, NY for the tribes in that region.

These variations in the approach to the structure of the regional sessions were attempts to identify approaches that were most conducive to broad participation by the tribes in each region and ultimately in recognition of the differences in circumstances that affect the many tribes. Lessons learned from the variety of approaches taken in 2004 will assist in strengthening the regional sessions in 2005.

The schedule for these sessions was as follows:

HHS 2004 REGIONAL TRIBAL CONSULTATION SESSIONS SCHEDULE

Region	Regional Director	IHS Area	Consultation Location	Date
Region I – Boston	Brian Cresta	Nashville (CT, ME, MA, RI)	Nashville, TN	April 14-15, 2004
Region II - New York	Deborah Konopko	Nashville (NY)	Nashville, TN and Syracuse, NY	April 14-15 and Aug 20, 2004
Region III – Philadelphia	Bob Zimmerman	Nashville		
Region IV – Atlanta	Constantinos Miskis	Nashville (AL, FL, MS, NC, SC, TN)	Nashville, TN	April 14-15, 2004
Region V – Chicago	Suzanne Krohn (Acting)	Bemidji (IN, MN, MI, WI)	Bloomington, MN	March 17-18, 2004
Region VI – Dallas	Linda Penn	Nashville (LA), OKC (OK & TX), Albq (NM), Navajo (Navajo)	Oklahoma City, OK	April 7-8, 2004
Region VII – Kansas City	Fred Schuster	OKC (OK & KS), Aberdeen (NE, IA)	Lawrence, KS	April 22-23, 2004
Region VIII – Denver	Joe Nuñez	Aberdeen (ND, SD), Albq (CO), Billings (MT, WY), Phoenix (UT), Navajo (UT)	Billings, MT	August 16-17, 2004
Region IX - San Francisco	Calise Muñoz	Phoenix (AZ, NV), Navajo (AZ), Tucson (AZ), California	Las Vegas, NV	July 21-22, 2004
Region X – Seattle	Bev Clarno	Alaska, Portland (ID, WA, OR)	Portland, OR	March 25, 2004

The next page describes a list of the 2003 and 2004 major issues. A complete description of the issues raised by tribes at each regional session may be found in the reports for those sessions. A copy of each region's report was mailed to every tribe within the respective regions. Extra copies may be obtained from the Office of the Regional Director.

Tribal Priorities

During the course of these eight sessions, tribes raised issues that fall into 11 broad categories. These categories include:

- Funding and Budget Issues
- Increased access to HHS programs
- Tribal Consultation and Intergovernmental Relations
- Access to Health Services
- Health Promotion and Disease Prevention
- Recruitment and Retention of Care Providers
- Emergency Preparedness/Homeland Security
- Medicare and Medicaid
- Data and Research
- Increase Health and Human Service Facilities Construction
- Legislation

This list remains very similar to the list included in the 2003 HHS Tribal Consultation Report. In addition to these broad, over-arching categories, tribes raised a number of very specific funding and budget concerns at every session. The list below includes 20 issues that were raised by tribes at four or more sessions.

1. Increased funding
2. Support passage of the Indian Health Care Improvement Act Reauthorization
3. Emergency Preparedness, Homeland Security and Border Issues
4. Increased flexibility by HHS when dealing with tribes
5. Increased access to HHS programs for tribes
6. Support passage of legislation authorizing self-governance outside IHS
7. Support Tribal Consultation
8. Allow tribes to bill Medicaid for services provided to patients from other states
9. Need to improve American Indian and Alaska Native access to data
10. Services for Indian Veterans
11. Increasing use of methamphetamine in Indian Country
12. Diabetes prevention and treatment
13. High cost of pharmaceuticals
14. Improve services for the elderly
15. Medicare Modernization Act Implementation – Tribal Implications
16. Medicare premiums and co-pays
17. Establish tribal set asides for programs currently funded by state block grants
18. Increase resources for facility construction and sanitation facilities
19. Emphasize and fund health promotion and disease prevention
20. State accountability for HHS funding received for services for tribes

2004 Major Accomplishments

Improved Tribal Access to HHS Resources
The highest priority identified at all tribal consultation sessions was the need to increase resources for Indian tribes.

In 2004, HHS resources that were provided to tribes or expended for the benefit of tribes increased to approximately $4.55 billion. This is an increase of approximately $195 million or 4.5% over the 2003 amount of $4.35 billion. The increase came in both appropriated funding as well as increased tribal access to non earmarked funds and increases in discretionary set asides. (Please refer to Table 1 and 2 on pages 12 and 13).

Increased Access to HHS Programs
In response to tribal consultation priorities to increase access to HHS programs and health services, and to accomplish the Secretary's directive to make HHS resources more accessible to tribes, HHS accomplishments to this end included an expanded study on HHS grants and improving SAMHSA grants eligibility guidelines.

Grant Access Study: HHS funded a study in September 2004 that is designed to identify the barriers tribes experience when applying for HHS grants and to provide recommendations on how to eliminate those barriers. Preliminary results of this study are expected in the spring of 2005. The study builds upon a previous study completed by the Office of the Assistant Secretary for Planning and Evaluation (ASPE) as a requirement of the Tribal Self-Governance Amendments of 2000 [P.L.106-260], which among other things, required the Secretary to conduct a study to determine the feasibility of a demonstration project that would extend tribal self-governance to HHS programs other than those in the Indian Health Service (IHS). The Intradepartmental Council on Native American Affairs (ICNAA) found Indian Tribes and Tribal organizations were not fully accessing programs for which they were eligible and instructed the Council staff to conduct further study of the barriers Indian tribes and tribal organizations were encountering to access HHS grants. The study was completed by a Council workgroup led by ASPE. In addition, the Office of Intergovernmental Affairs consulted with Indian tribes and tribal organizations and received a significant number of Tribal leaders comments regarding what they believed were barriers to HHS grants. The preliminary report from the ICNAA Workgroup verified that in-depth analysis was required and is currently underway.

Tribal access to SAMHSA Grants: In September 2004, the SAMHSA Administrator established a policy that tribal entities are to be eligible for all grants in which States are eligible unless there is a compelling reason to the contrary (such as legislative restrictions, as pertain to the Agency's Block Grants). Any exclusion of tribal entities from grant eligibility needs to be justified and approved by the Administrator.

Final Rule for Tribal Child Support Enforcement (IV-D) Programs: On April 1, 2004, the Administration for Children and Families (ACF) issued its final rule for Tribal Child Support Enforcement. The rule sets forth the requirements and related provisions, and provides guidance to Tribes and Tribal organizations on how to apply for and, upon approval, receive direct funding for the operation of Tribal IV-D programs. The promulgation of these regulations is not only

consistent with the HHS commitment to the government-to-government relationship with Indian Tribes, but also with a productive partnership of the Office of Child Support Enforcement in all dealings with Tribes. Tribes exercise their inherent sovereignty by deciding whether or not to operate a Tribal IV-D program. Tribes that choose to administer a Tribal IV-D program must operate programs capable of meeting the objectives of Title IV-D of the Act in conformity with these regulations, but will have the opportunity to consider their unique circumstances and develop and administer programs consistent with Tribal laws and traditions. This responds to the Tribes desire to increase flexibility for their specific circumstances and local community needs.

Enhance Tribal Consultation and Intergovernmental Relations

Consistent with Tribal priorities identified since 1999, HHS has worked to enhance tribal consultation and intergovernmental relations. The 2004 activities highlight significant activities in this regard.

Department-wide and IHS Consultation Policy Revision: In FY 2004, the Office of Intergovernmental Affairs (IGA), in partnership with the IHS, undertook a review of the current Tribal Consultation Policies for the Secretary's Department-wide guidance to all HHS Divisions and the IHS Tribal Consultation Policy. The focus of this review involved a Tribal Consultation Policy Revision Workgroup (TCPRW), which was comprised of Tribal leaders and representatives from throughout the country. During FY 2004, the Workgroup met three times (and held numerous conference calls) to review and recommend revisions to both policies. Policy changes recommended by the Workgroup were forwarded to all Tribes and others on October 1, 2004, for review and comment. The Workgroup will reconvene in FY 2005 to complete work on the IHS Policy and the Final Reports. (Note: Secretary Thompson signed the revised HHS Tribal Consultation Policy on January 14, 2005.)

Regional Sessions/Budget Consultation Session: In 2004, HHS Regional Directors coordinated five regional Tribal consultation sessions. Some of these sessions were held concurrent with IHS Area Budget Consultation Sessions and all were coordinated with IHS Area Directors and supported by IGA. Results of these sessions are documented in this report. On May 12-13, 2004 HHS held its Sixth Annual Budget Consultation Session. This session was expanded to one and one half days at the request of tribal leaders and provided the opportunity for Tribes to discuss their health and human services priorities with HHS officials.

ACF holds Consultation Sessions in 2004: All ACF Programs participated in the ACF Tribal Consultation in Phoenix, Arizona in December 2003. ACF invited all tribal communities, Native non-profits, and urban Indian centers to participate in this first-ever agency wide tribal consultation session. Tribal representatives worked with the National Congress of American Indians (NCAI) to develop an agenda that reflected the priorities of tribal communities and to propose speakers, preferably tribal leaders, who could give testimony on the critical issues identified. Elected Tribal officials, heads of Native American organizations, tribal staff, ACF senior officials and staff attended the consultation. ACF held a follow-up national Tribal Consultation meeting in Washington, D.C. in September 2004 to respond to the issues raised at the December 2003 meeting and to receive additional testimony from tribal leaders and their designees. At the request of ACF, the Secretary's Office of Intergovernmental Affairs (IGA) facilitated both sessions.

Administration on Aging (AoA) Listening Sessions: AoA held three Tribal Listening Session consultation meetings during FY 2004 to provide an opportunity for Tribal leaders, health and human services program staff, and AoA to engage in discussions and consultation on issues that impact the lives of older American Indians, Alaska Natives and Naïve Hawaiians. Listening Sessions were held in Reno, Nevada, on October 29, 2003, in Phoenix, Arizona, on February 25, 2004 and in Rapid City, South Dakota, on April 28, 2004. The Reno Listening Session included 61 participants with 13 individuals representing 13 Tribes/Tribal and Indian organizations providing oral and written testimony. The Phoenix Listening Session included 118 participants with 17 individuals representing 16 Tribes/Tribal and Indian organizations providing oral and written testimony. The Rapid City Listing Session included 120 participants with 16 individuals representing 14 Tribes/Tribal and Indian organizations providing oral and written testimony.

Federal-Tribal-State Human Services Intergovernmental Collaboration: In October 2003, the Secretary partnered with the National Congress of American Indians (NCAI) and the American Public Human Services Association (APHSA) which serves the states and territories, to work collectively on human services priorities and issues to share information, best practices and promising approaches for more efficient and effective service delivery. This unique project continues for FY2005 because of its success in raising awareness of the need and value of intergovernmental collaboration. In FY2004, all three groups noted a change in their respective organizational culture and joint participation in hearings, national meetings and in the HHS regulatory process because of the broadened dialogue created through this collaboration project. It was recommended and IGA approved the Project continue for FY2005 to create more gains based on this year's outcomes with an emphasis on developing web-based and printed resource materials, documenting best practices, and enhancing electronic intergovernmental communications between the three groups on human services matters.

Secretary and Deputy Secretary Visits to Indian Country: In 2004, both Secretary Thompson and Deputy Secretary Allen traveled to Indian County for a combined total of eight trips. Each has sought the opportunity to meet with tribal leaders and listen to their concerns and priorities. Trips included visiting tribes in Alaska, Montana, South Dakota, Arizona, Colorado, New Mexico, Florida, Maine, Mississippi and Alabama.

Medicare and Medicaid
Tribal leaders stressed the importance of monitoring Medicare and Medicaid programs to ensure Tribes, IHS, and Urban programs are not omitted from changes to these entitlement programs and that implementation of new Acts are inclusive of the Indian health care system.

Centers for Medicare and Medicaid Services (CMS) Tribal Technical Advisory Committee (TTAG): During 2004, TTAG met in-person three times in Washington, D.C. at the HHS Headquarters Building on February 10, March 25-27, and September 22-23. Key issues discussed at these sessions included issues for TTAG operations with a major focus on policy implications of implementation of the Medicare Modernization Act as well as numerous Medicaid issues.

Legislation
Tribal representatives identified the passage of the Indian Health Care Improvement Act (IHCIA) as their top legislative HHS legislative priority. They also identified the need for HHS to support a Self-Governance Demonstration Project for non-IHS programs throughout the department and numerous human services-related laws in need of reauthorization.

Intradepartmental Council Native American Affairs (ICNAA): The Intradepartmental Council for Native American Affairs (ICNAA) met twice in 2004. The Council membership includes the heads of each HHS Division and serves as the Secretary's principal advisory body on tribal policy matters. The main legislative focus of the Secretary and his Council in 2004 was passage of the Indian Health Care Improvement Act. While legislation was not enacted, the Secretary, Council members and staff worked diligently with the Congress to gain passage. Seven ICNAA Priorities for FY 2005 include: Health Promotion and Disease Prevention, Tribal Consultation, Increase Effectiveness of Human Services with Native Populations, Health Professions Recruitment, Emergency Preparedness, Increasing AI/AN/NA Access to HHS Programs, and Consolidation of Technical Assistance. These are consistent with tribal priorities raised at regional and national tribal consultation sessions.

Senior HHS Leadership Visits to Indian Country

On **November 17- 19, 2003**, Deputy Secretary Allen visited the Navajo Nation, the Ute Mountain Ute Tribe and the Jicarilla Apache Nation. He was accompanied by Regina Schofield, Director, Office of Intergovernmental Affairs; Joe Nunez, Regional Director, Region VIII; Linda Penn, Regional Director, Region VI; Willis Morris, Senior Advisor to the Deputy Secretary; Gena Tyner-Dawson, Senior Advisor for Tribal Affairs, IGA; Eric Broderick, Senior Advisor for Tribal Health Policy, IGA; Gary Hartz, Director, Office of Public Health, IHS; and other IHS staff. The visits were conducted in Window Rock, AZ, Towac, CO, and Dulce, NM. At each location the Deputy Secretary participated in a round table discussion with tribal leadership to discuss issues and toured selected tribal health and human services programs. He also had the opportunity to participate in a fitness walk in Window Rock, AZ and visited the home of a Navajo elder.

On **December 2-3, 2003**, Deputy Secretary Claude Allen visited the Penobscot Nation, the Passamaquoddy Tribe – Indian Township Reservation, and the Passamaquoddy Tribe at Pleasant Point. Accompanying Mr. Allen were: Lance Leggitt, Counselor to the Deputy Secretary; Brian Cresta, HHS Regional Director; David Abdoo and Paul Jacobsen, members of the Regional Director's office; Mike Milner, Regional Health Administrator, Office of Public Health and Science; Bruce Greenstein, Associate Regional Administrator, CMS/Division of Medicaid and Children Health; Irv Rich, Native American Contact, CMS/DMCH; Tierney Bianconi, Office of Civil Rights; and Joann Samon, Maine Native American Contact – Maine Medicaid agency.

On **March 1-2, 2004**, the Deputy Secretary visited the Miccosukee Tribe and the Seminole Tribe of Florida accompanied by the Senior Intergovernmental Affairs Specialist from Region IV and the IHS Nashville Area Director. The trip gave the tribes the opportunity to discuss a variety of health and human services issues with the Deputy Secretary as well as to provide a tour of their facilities to the HHS representatives.

On **July 19-20, 2004**, Secretary Thompson accompanied by Regina Schofield, Director of the Office of Intergovernmental Affairs; Andy Knapp, Deputy Chief of Staff; Dr. Charles Grim, Director IHS; Kerry Weems, Principal Deputy Assistant Secretary for Budget Technology and Fianance; Alex Azar, HHS General Counsel; IGA tribal affairs staff Gena Tyner-Dawson and Eric Broderick; IHS Navajo Area Office Director John Hubbard and staff met with the Navajo Nation President Joe Shirley, Vice President Frank Dayish, Jr., the Navajo Nation Council, Navajo staff and community members. Secretary Thompson provided a "State of the HHS" address to the Council and toured the Ft. Defiance and Chinle Hospital. The Secretary and HHS staff attended a traditional Navajo blessing and attended a staff meeting at the Chinle Service Unit and Hospital. The Secretary visited an elder's home at Nazlini, AZ and the Secretary and HHS staff were guests at a local community luncheon hosted at the Nazlini School.

On **July 26-31, 2004,** the Secretary conducted his fourth annual visit to the State of Alaska. He was accompanied by Regina Schofield, Director IGA; Andy Knapp, Deputy Chief of Staff; Dr. Charles Grim, Director, IHS; Kerry Weems, Principal Deputy Assistant Secretary for Budget Technology and Finance; Wade Horn, Assistant Secretary for the Administration for Children and Families; Charles Curie, Administrator of SAMHSA; Rai Downs, Deputy Assistant Secretary for Legislation; Marcia Brand, Health Resources and Services Administration; Bill Steiger, Office of Global Health Affairs; and IGA tribal affairs staff Gena Tyner-Dawson, Eric Broderick, Stacey Ecoffey; and IHS Alaska Area Director Chris Mandregan provided policy support. He was also accompanied during a portion of the trip by Senator Lisa Murkowski and by policy staff for Senator Ted Stevens, Senator Murkowski, and Congressman Don Young. The Secretary met with Alaska Native leaders and Governor Murkowski; toured HHS programs and services; and met with state officials and local community members throughout the week. The visits included meetings and tours in Anchorage, Kodiak Island, Homer, Seldovia, Kake, and Juneau, Alaska.

In addition to these visits by the Secretary and Deputy Secretary and their senior staff based in Washington, D.C., HHS Regional Directors also traveled extensively throughout Indian Country. Collectively they visited 129 Tribal communities during FY 2004. These visits are described in more detail in later sections of this report.

2004 HHS Budget Resources for Tribes

Table 1

DHHS FUNDING FOR AMERICAN INDIAN AND ALASKA NATIVE TARGETED PROGRAMS

(dollars in millions)

Program	FY 2004	FY 2005	FY 2006 Total	FY 2006 +/- FY 2005 ($)	FY 2006 +/- FY 2005 (%)
Indian Health Service: /1	$3,706.1	$3,774.1	$3,846.2	+$72.1	1.9%
Administration For Children and Families (ACF):					
Head Start	$186.7	$188.6	$188.6	--	--
Administration for Native Americans	45.2	44.8	44.8	--	--
Low Income Home Energy Assistance:	21.6	21.3	19.6	-1.7	-8.0%
Child Care Programs	96.1	96.0	96.0	--	--
Family Violence	12.5	12.6	12.6	--	--
Community Services Block Grant /2	4.1	4.1	--	-4.1	-100.0%
Community-Based Child Abuse Prevention	0.3	0.3	0.4	+0.1	33.3%
Promoting Safe and Stable Families	5.0	5.0	5.1	+0.1	2.0%
Tribal TANF	123.0	123.0	123.0	--	--
Tribal Work Program	7.6	7.6	7.6	--	--
Tribal Child Support	13.0	38.0	38.0	--	--
Tribal Foster Care	--	--	30.0	+30.0	--
Child Welfare Services (IV-B)	5.5	5.5	5.5	--	--
Subtotal, ACF	$520.6	$546.8	$571.2	+$24.4	4.5%
Administration on Aging:					
Grants to Tribes	$35.5	$35.5	$35.5	--	--
Centers For Disease Control and Prevention:					
Preventive Health Block Grant /2	$0.1	$0.1	--	-$0.1	-100.0%
Substance Abuse & Mental Health Services Administration:					
Grants to Tribes	$0.7	$3.5	$3.5	--	--
HHS TOTAL	**$4,263.0**	**$4,360.0**	**$4,456.4**	**+$96.4**	**2.2%**

/1 Includes insurance collections, rental of quarters and mandatory diabetes funding.

/2 The FY 2006 budget does not include funding for this program.

Table 2

DHHS FUNDING FOR AMERICAN INDIAN AND ALASKA NATIVE TARGETED AND DISCRETIONARY FUNDING

HHS Tribal Resource trends FY 2003 and 2004

	FY 2003	FY 2004	change	% change
IHS	**$3,541,358,000**	**$3,706,133,000**	**$164,775,000**	**4.65%**
ACF	**$489,198,297**	**$527,303,154**	**$21,603,154**	**7.79%**
NIH	**$108,199,000**	**$111,200,000**	**$3,001,000**	**2.77%**
SAMHSA	**$51,127,000**	**$40,147,000**	**-$10,980,000**	**-21.48%**
AoA	**$36,500,000**	**$33,683,427**	**-$2,816,573**	**-7.72%**
CDC *	**$60,073,462**	**$75,281,951**	**$15,208,489**	**25.32%**
HRSA	**$33,508,000**	**$38,406,776**	**$4,898,776**	**14.62%**
ASH	**$6,416,733**	**$3,772,188**	**-$2,644,545**	**-41.21%**
AHRQ	**$2,694,913**	**$4,681,581**	**$1,986,668**	**73.72%**
CMS	**$1,132,468**	**$957,170**	**-$175,298**	**-15.48%**
TOTAL	**$4,330,207,873**	**$4,541,566,247**	**$211,358,374**	**4.88%**

Table 1 includes funding for programs that are earmarked exclusively for American Indians and Alaska Natives. Table 2 includes earmarked funds as well as discretionary funding or funding provided competitively to tribes or for the benefit of tribes.

These data do not include HHS resources provided as a benefit to AI/AN individuals such as Medicare, Medicaid, and Temporary Assistance for Needy Families (TANF) provided through state administered TANF programs.

SECTION II

Tribal Budget Consultation

Other Tribal Consultation

OFFICE OF INTERGOVERNMENTAL AFFAIRS (IGA)

Regional Consultation
IGA tribal affairs staff coordinated and provided technical assistance to the HHS Regional Offices as they planned and conducted their 2004 regional consultation sessions. Between March 17 and July 22, 2004, IGA tribal affairs staff made presentations and responded to questions at each of the sessions conducted by the regions. The session provides the tribes the opportunity to make recommendations on the FY 2006 HHS budget request, in addition, the opportunity to updates the priorities raised during the 2003 sessions. Sessions for Regions I, II, IV, V, and X were conducted in conjunction with the IHS Area Budget Consultation session to permit the tribes to opportunity to coordinate presentation of their budget priorities. Senior HHS leadership and representatives also attended the sessions from HHS Divisions.

Budget Consultation
On April 28-29, 2004, IGA tribal affairs staff provided presentation and policy support at the IHS national budget consultation session held in Crystal City, VA. The purpose of the session was to provide tribes the opportunity to consult with the IHS on the FY 2006 budget submission. Presentations were also made by the acting Assistant Secretary for Budget Technology and Finance and the IHS Office of Management and Budget (OMB) examiner.

IGA is responsible for facilitating the Annual Tribal Budget Consultation Session and worked closely with the Office of the Assistant Secretary for Budget, Technology, and Finance (ASBTF), Administration for Native Americans (ANA), IHS and Office of Minority Health (OMH). HHS hosted the 6th Annual National Tribal Budget Consultation Session. Deputy Secretary Claude Allen provided remarks and Acting ASBTF Kerry Weems and IGA Director Regina Schofield co-chaired the formal consultation session. Also leading the HHS discussion was the Intradepartmental Council on Native American Affairs (ICNAA) Chair Quanah Stamps and Vice-Chair Charles Grim. Senior staff attended the session throughout the day and a half session. Tribal leaders presented formal testimony and attended sessions with HHS divisions to discuss policy and budget matters impacting their local communities.

Intradepartmental Council on Native American Affairs (ICNAA)
During FY 2004, The ICNAA met on November 12, 2003 and April 12, 2004. Deputy Secretary Claude Allen, Council Chair Quanah Stamps, Vice-Chair Charles Grim, Deputy Chief of Staff Andy Knapp, and IGA Director Regina Schofield facilitated the meetings which focused on Native American activities highlights for Agency for Healthcare Research and Quality (AHRQ), Centers for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid Services (CMS) and Substance Abuse and Mental Health Services Administration (SAMHSA), updates on the Council's Grants Access Workgroup, Secretary's Tribal Consultation Policy Revision Workgroup, and the Secretary's Achievements. IGA tribal affairs staff and the Interim ICNAA Executive Director Phyllis Wolfe provided the staff work and policy support and executive direction for the meeting. IGA provides ongoing executive direction for the ICNAA. This is coupled with IGA's consultation responsibilities to receive the views of Indian Tribes and to ensure their inclusion in the policy development guided by ICNAA.

Tribal Consultation Policy Revision
In 2004, work continued on revision of the HHS Tribal Consultation Policy. After extensive field consultation conducted since March 2003 by IGA's Regional Directors and HHS Headquarters staff, Regina Schofield, IGA Director conveyed a request to all tribal leaders for nominations for participants for a Tribal Consultation Policy Revision Workgroup. This group was charged with developing recommendations for revisions to the HHS Tribal Consultation Policy. Dr. Charles Grim, Director IHS joined in this effort and the workgroup agreed to concurrently draft revisions to the IHS Tribal Consultation Policy. During 2004 the workgroup meet twice and held numerous conference calls. IGA Tribal Affairs staff and IHS staff worked collaboratively with the Workgroup and the NIHB to plan and conduct these meetings. The draft policy revision developed by the group was sent to tribal leaders for comments on October 1, 2004. Concurrently, internal comments were solicited within HHS. (Note: The Secretary signed this policy on January 14, 2005). The Workgroup and HHS staff will prepare and distribute a final report, which will also be placed on the IGA web site at http://www.hhs.gov/ofta.

National Congress of American Indians (NCAI)
On November 20, 2003, the Deputy Secretary presented remarks to the National Congress of American Indians in Albuquerque, NM. His remarks were made to a group of 2500 participants of this session and covered Welfare Reform and the commitment of HHS to support tribal sovereignty and the government-to-government relationship that exists between Indian Tribes and the Federal Government.

Regina Schofield, IGA Director, addressed the NCAI membership at their Winter Session held in Washington, D.C. HHS, NCAI, and the American Public Human Services Association (APHSA) are collaborating on a federal-state-tribal human services project to improve intergovernmental coordination and communication.

National Indian Health Board (NIHB)
On September 30-October 2, 2003, IGA tribal staff participated as presenters at the National Indian Health Board 20th Annual Consumer Conference held in St. Paul, Minnesota. IGA presented on the Intradepartmental Council on Native American Affairs, HHS Annual Regional Tribal Consultation Sessions, and FY2006 HHS Budget Formulation opportunities for tribes. Other HHS leaders attending were Dr. Charles Grim, IHS Director; Corey Hoze, Region V Regional Director; Charles Curie, SAMHSA Administrator; Quanah Stamps, Commissioner, Administration for Native Americans; and Christine Williams, Agency for Healthcare Research and Quality. IGA Tribal Affairs staff conducted a workshop about HHS programs, services, organizational structure and the IGA tribal consultation responsibilities.

On October 29-31, 2003, Deputy Secretary Claude Allen, IGA Director Regina Schofield, Deputy Chief of Staff Andy Knapp, and tribal affairs staff met with the National Indian Health Board Executive Board. The Executive Board members honored Deputy Secretary Allen, Regina, and Andy for their work with NIHB and American Indian and Alaska Native health care issues.

IGA tribal affairs staff provided an HHS tribal government and Native American affairs briefing for the NIHB Executive Board at their winter executive board session. Items covered included an update on the pending IGA Annual Tribal Consultation Report, upcoming budget consultation sessions, 2004 annual regional tribal consultation sessions and activities of the Secretary's Council.

On August 9-11, 2004, Regina Schofield, IGA Director, provided the HHS Keynote address to the NIHB Annual Consumer Conference held in Oklahoma City, Oklahoma. Regina read aloud President Bush's letter to the conference audience and highlighted HHS accomplishments, which could not have been accomplished without the tribal partnership fostered during the past several years. Dr. Charles, Grim, IHS Director, and Charles Curie, SAMHSA Administrator, also spoke at the session. Gena Tyner-Dawson also presented at this session regarding the Secretary's newly established Tribal Consultation Policy Revision Workgroup, which would convene its first meeting in conjunction with the NIHB Consumer Conference. IGA Tribal Affairs staff provided policy support for HHS senior staff in attendance.

Tribal Self-Governance Advisory Committee
On October 6-10, 2003, IGA tribal staff presented at the Fall Self-Governance Conference held in Palm Springs, CA. IGA presented on the HHS Annual Regional Tribal Consultation Sessions, the HHS Consultation Policy and the FY2006 HHS Budget Formulation Consultation. In addition, IGA provided policy support for SAMHSA Administrator Charles Curie and AoA Deputy Assistant Secretary Edwin Walker. Other HHS leaders attending included Dr. Charles Grim, IHS Director.

On January 27, 2004, IGA tribal affairs staff provided updates to tribal leaders attending the TSGAC quarterly meeting held in Bethesda, Maryland. Several issues were raised requesting IGA follow up: 1) concern that in spite of significant strides made to address tribal issues Department-wide, the number one priority to increase Indian health funding is still not addressing the increasing costs and level of need in tribal communities; 2) tribal leaders request HHS to work with states to include tribal participation and inclusion in the state block grant RFPs; 3) request the President convene a meeting with tribal leaders regarding health disparities before the end of his current term; and 4) inquired whether HHS has any interagency agreement with USDA regarding coordination with states/local governments on community safety issues, e.g., mad cow disease, and how to consult with tribal government and business ventures affected by such outbreaks.

IGA tribal affairs staff provided policy support to the Regina Schofield, IGA Director, during her meeting with Chairman Ron Allen. CMS and IHS were also represented at the meeting. Chairman Allen raised concerns about provisions in the TTAG charter, which prevents participation of tribal consultants at TTAG meetings. A compromise was reached that would permit the participation of tribal consultants provided they were accompanied at the meeting by their tribal leaders.

On May 3-5, 2004, HHS participated in the 2004 Tribal Self-Governance Conference hosted in Orlando, Florida. IGA tribal staff provided an education presentation for new Self-Governance tribes, IGA Director Regina Schofield, Acting ASBTF Kerry Weems, and IHS Director Charles Grim provided remarks to approximately 600 tribal/federal audience. IGA staff provided several afternoon workshops regarding HHS legislative updates, fiscal year 2006 budget formulation activities and updated participants on the numerous regional and national tribal consultation sessions completed and underway, and the two IGA workgroups formed to enhance federal-tribal-state collaboration and revise the Secretary's tribal consultation policy.

On September 30, 2004, IGA tribal affairs staff provided an update to the TSGAC during their quarterly meeting. IGA conveyed ASL's report on Head Start, TANF, Indian Health Care Improvement Act, Child Welfare, Native American Programs Act, Consolidated Alcohol and Substance Abuse Act, among others.

Tribal Delegation Meetings

During 2004, HHS continued an open door policy for tribes and tribal organizations. IGA staff convened meetings with a number of HHS senior leaders and program staff at the request of tribes to discuss issues of concern. Meetings were convened for the following: Riverside San Bernardino Tribal Consortium, Alaska Council of Village Presidents, Choctaw Nation of Oklahoma, Alaska Native Health Board, Fort Peck Tribes**,** Oglala Sioux Tribe Women's Health Issues Meeting**,** Navajo Nation, Norton Sound Health Corporation, Jamestown S'Klallam Tribe, Chippewa Cree Tribe, Tohono O'odham Nation, Oneida Nation, and the Denali Commission.

Federal/State/Tribal Collaboration Initiative American Public Human Services Association (APHSA) and National Congress of American Indians (NCAI)

In October 2003, the Secretary partnered with the NCAI and the APHSA which serves the states and territories, to work collectively on human services priorities and issues to share information, best practices and promising approaches for more efficient and effective service delivery. IGA tribal affairs staff participated in planning and conducting the initial work session for this initiative that was conducted November 16, 2003 in conjunction with the NCAI Annual Meeting in Albuquerque, New Mexico. The goal of this initial meeting was to prioritize the human services issues on which groups will collaborate on during 2004. During the balance of 2004 the workgroup held three additional conference calls. This unique project continues for FY2005 because of its success in raising awareness of the need and value of intergovernmental collaboration. All three groups noted a change in their respective organizational culture and joint participation in hearings, national meetings and in the HHS regulatory process because of the broadened dialogue created through this collaboration project. It was recommended and IGA approved the Project continue for FY2005 to create more gains based on this year's outcomes with an emphasis on developing web-based and printed resource materials, documenting best practices, and enhancing electronic intergovernmental communications between the three groups on human services matters.

Other Events

In December 2003, the IGA provided policy support and participated in the first ACF-wide national tribal consultation session and Native American conference hosted by the Gila River Indian Community. IGA tribal affairs staff worked on site with ACF and the NCAI to complete

final plans for the consultation session. ACYF Commission Joan Ohl represented Assistant Secretary Wade Horn. IGA and NCAI co-facilitated the daylong session that was well attended by tribal leaders from across the country. IGA also provided an HHS report to the national conference audience the following day regarding the consultation session outcomes and expectations.

On June 1-4, 2004, IGA tribal staff attended the first IHS National Direct Services Tribes meeting held in Phoenix, AZ. Tribal affairs staff provided policy support for the four IGA regions represented at the meeting, Brian Cresta, Linda Penn, Joe Nunez and Emery Lee attended. IGA tribal affairs staff also provided policy support for Jennifer Farley, White House IGA Associate Director. IGA staffed seven tribal delegation meetings and hosted her for a tour of the IHS Phoenix Indian Medical Center (PIMC) and Arizona Health Sciences University in Mesa, Arizona with School of Dentistry Dean Jack Dillingburg.

On July 12, 2004, IGA staff convened and facilitated a meeting between IHS and HRSA and the University of Arizona, Northern Arizona University, and Congressman Renzi's staff to discuss the collaborative initiative called "Pathways Into Health". This initiative is designed to increase access to health professions careers for Native Americans in Arizona. The Arizona delegation will follow up with IHS and HRSA and provide an updated copy of their proposal based on the meeting discussion. IGA agreed to reconvene the current meeting participants and potentially expand the group once the information is prepared.

On July 21, 2004, Secretary Thompson and IHS Director Charles Grim testified before the Senate Committee on Indian Affairs (SCIA) to express the Administration's support for the reauthorization of the Indian Health Care Improvement Act (IHCIA). This is the highest legislative priority for tribal leaders and Urban Indian organizations and is the highest priority for the Secretary and his Intradepartmental Council on Native American Affairs (ICNAA). Since January 2004, the IGA Director and tribal affairs staff provided extensive input on the clearance of this bill within HHS prior to the hearing.

On September 21, 2004, IGA tribal staff attended the National Museum of the American Indian (NMAI) opening ceremony held on the National Mall. In conjunction with the NMAI activities, the Secretary's ICNAA and IHS co-hosted a reception for tribal leaders and guests to officially kick-off the IHS Health Summit. Deputy Secretary Allen, Andy Knapp, Dr. Charles Grim, Kerry Weems, Charles Curie and Quanah Crossland Stamps provided remarks to the guests. Secretary Thompson made an appearance along with a number of the senior staff Council members and tribal liaisons that was very well attended by tribal leaders, tribal guests, and HHS staff.

On September 22, 2004, IGA Director Regina Schofield, Deputy Chief of Staff Andy Knapp and tribal affairs staff provided policy support for the Secretary's address to the First National Indian Health Summit. Deputy Secretary Claude Allen provided the opening address to the audience on September 23rd. IHS listed approximately 1000 registrants for the three-day summit held in conjunction with the numerous ceremonies and activities marking the opening of the National Museum of the American Indian.

Throughout 2004, IGA tribal affairs staff has facilitated communication between the American Dental Association (ADA) and the Alaska Native Tribal Health Consortium (ANTHC) to assist in addressing concerns raised by ADA about the ANTHC dental therapists program. The ADA is concerned about the quality of care provided by mid-level providers serving the Native populations in rural Alaska.

In FY 2004, IGA frequently reviewed, commented and cleared all major Tribal policy and legislative matters for HHS divisions, the Immediate Office of the Secretary, other Federal Departments, Congress, and those received directly from Tribal leaders and national tribal organizations. In addition to this policy oversight role, IGA served a policy development role for the Secretary's tribal policy. This included the ICNAA and all other intergovernmental matters impacting Indian Tribes, Tribal organizations, and Native organizations.

IGA detail to IHS as Deputy Director

In 2004, the Senior Advisor for Tribal Affairs completed a four-month detail for the Office of the Secretary as the Acting Deputy Director of the Indian Health Service. During this detail the Acting Deputy Director was responsible for overseeing implementation of the IHS reorganization, provided recommendations to the IHS Director to increase coordination and communication internal to the IHS and externally with Tribal governments and Tribal organizations, provided recommendations for recruitment, retention and succession planning, represented the IHS in developing the HHS position on the proposed reauthorization of the Indian Health Care Improvement Act, and responsible for developing the strategy and overseeing the IHS FY06 budget submittal to the Department, along with other operational duties and responsibilities of the Deputy Director position.

REGIONAL OFFICES

Region I – Boston

Region I continued its strong effort of regular interaction and collaboration with the tribes located in the region. The following is a compilation of many of the meetings, visits, conference calls and other activities that occurred outside of the Annual Regional Consultation Session.

- December 2003 - Tribal Visit to Maine with Deputy Secretary Claude Allen. The Deputy Secretary, along with his Senior Counselor traveled to northern Maine to visit with three of the federally recognized tribes: Penobscot Nation, the Passamaquoddy Tribe – Indian Township Reservation, and the Passamaquoddy Tribe at Pleasant Point. The tribal visits included regional staff from the Office of the Regional Director, the Office for Civil Rights, the Centers for Medicare and Medicaid Services, and the Office of Public Health and Science. In addition to tours of the Health Centers at each tribe, the Deputy Secretary also met with tribal leadership from each tribe.
- April 12, 2004 – Intergovernmental Affairs Specialist David Abdoo attended the Interdepartmental Council on Native American Affairs (ICNAA) meeting held in Washington, DC. He attended as an alternate to Regional Director Brian Cresta.
- May 13, 2004 – Regional Director Brian Cresta participated in the Tribal Budget Consultation Session held in Washington, D.C.
- June 2 – 4, 2004 – IHS Direct Service Tribe Meeting. Regional Director Brian Cresta, in addition to Regional Directors Linda Penn and Joe Nunez, along with Executive Officer Emory Lee attended the First Annual Direct Service Tribes Conference held in Phoenix, Arizona. The conference was hosted with a grant from IHS.
- June 2004 – United South and Eastern Tribes (USET) Annual Meeting. Regional Director Brian Cresta and Regional Director Costas Miskis (Region Four) attended the USET Annual Meeting held in Hollywood Florida. In presentation and address to the Board of Directors of USET, RDs Cresta and Miskis answered a myriad of questions and concerns about Bioterrorism Preparedness and Response funding and activities.
- Conference Call / Meeting with Tribes on Medicare Modernization Act - The Regional Directors Office, in conjunction with the Region One Tribal Issues Team held a conference call / meeting with the tribal health directors from the tribes and urban Indian Center (North American Indian Center of Boston) concerning the new Medicare law. The call focused on the areas of the new Medicare rate for inpatient care (Section 506), the Drug Discount Card, and the new Part D benefit to begin in 2006.
- September 28 – 30, 2004 – Northeast Consortium on Native American Affairs (NECNAA) Annual Meeting. The NECNAA, created by the HHS Regional Office in collaboration with the tribes and urban center in Boston to better coordinate needs and efforts in New England, held its annual meeting in Connecticut at the Mashantucket Pequot Tribal Nation's reservation. The three-day meeting included an overview of the Prescription Drug Discount Card and new Part D Benefit of the Medicare Modernization Act. In addition, an in depth presentation of a suicide prevention program developed for Native Americans was provided but a mental health professional working in Indian Country. The professional has agreed to provide this program, and technical assistance, to the tribes in Region One.

- In addition to the above-mentioned meetings and activities, the Regional Office has continued its outreach activities to tribes by providing regular information on grant opportunities and programs available within all of the Department's divisions.
- In 2004 the Office of the Regional Health Administrator provided a small, one-time grant to each of the tribes and urban center to use for health data capacity building. The grant, open to each tribe and urban center, provided $1,460 to each of the six that applied (Houlton Band of Maliseet Indians, Narragansett Indian Tribe, Wampanoag Tribe of Gay Head, Eastern Pequot Tribal Nation, North American Indian Center of Boston, Penobscot Tribal Nation, and the Passamaquoddy Tribe at Pleasant Point) for the purchase of hardware, software, consultant time or any other service that will assist in generating a stronger and more comprehensive health data collection system at each of the tribes.

OUTCOMES AND ACCOMPLISHMENTS

- The entire regional office, including all operating and staff divisions in Region One are building a stronger working relationship with the federally recognized tribes in New England. This is becoming evident with the divisions such as ACF and CMS working directly with tribes on issues.
- Working with CMS, the regional office has held two highly successful education sessions on the Medicare Modernization Act. These sessions have allowed the tribes to have a stronger understanding of the Drug Discount Card, the 2006 Part B benefit and other sections (such as 506) of the new law that affect tribes in a positive manner.
- The regional office successfully secured commitment from tribes to regularly hold meetings of the Northeast Consortium on Native American Affairs, an informal group of tribal members and leaders, New England academia and the Boston Regional Office of DHHS. The 2004 meeting, held over a three-day period, proved to be very helpful to the tribal health directors, human service directors, as well as tribal leaders in attendance.
- The Office of the Regional Director has continued its annual efforts of visiting in person with tribal leaders and staff at each reservation in New England.
- The Regional Office, including most operating divisions, have continued to alert tribal leaders and staff of potential funding opportunities and grants that tribes may be interested in applying.

Region II – New York

In July 2004, the Regional Director (RD) reached out to all the federally recognized tribes in the region including the New York City American Indian Community House and IHS to invite them to participate in a Region II Tribal Consultation on August 20, 2004, in upstate New York.

On April 22 and 27, 2004, the Office of Regional Director (ORD) participated in Tribal consultation calls involving CMS staff, Tribal Health Directors and other representatives from the three federally recognized Tribes in New York, IHS-contracted health clinics, and representatives of the New York State Department of Health. The April 22 call was part of a series of quarterly consultation calls, which CMS has established with the New York State Tribes. The April 27 call was a special call designed to solicit Tribal input in two areas: (a) HIPAA compliance issues, and (b) reimbursement issues, especially with regard to non-Native Americans served in Tribal health facilities. The second call was useful in answering a number of Tribal questions raised during the regular consultation call discussions.

On April 13-15, 2004, the ORD participated in the Indian Health Service/Joint Tribal Consultation with Regions I and IV. The consultation was held in Nashville, TN.

In follow-up to issues raised by the American Indian Community House (AICH) about the need for culturally appropriate substance abuse services, the ORD reached out to the New York State Office of Alcoholism and Substance Abuse Services (OASAS) to set up a meeting. Staff from OASAS' New York City field office met with AICH in February and March 2004 to discuss the matter further. The Deputy Director of the AICH, Anthony Hunter, indicated that AICH would like to become a licensed provider of counseling and case management, after they become more experienced as a provider. Mr. Hunter indicated that they would like to offer additional comprehensive services in alcohol, substance abuse, and mental health treatment, and vocational rehabilitation services. OASAS compiled a report and list of recommendations to assist AICH in becoming a certified prevention provider. The OASAS field office will continue to work with the provider throughout the process. The RD continues to monitor this issue closely.

On October 27, 2003, the RD and Regional CMS staff participated in a meeting with the IHS Area Director Michael Tiger, the New York State Governor's office, the New York State Commissioners, and the Saint Regis Mohawk Tribal Chiefs. The meeting was held in follow-up to the March 27, 2003 meeting called by the Saint Regis Mohawk tribe. In response, the RD has followed-up with the New York Governor's office on an ongoing basis in order to facilitate the resolution of a number of issues.

On August 4, 2003, the RD convened a meeting with the Region II Executive Staff, the IHS Area Director Michael Tiger and Deborah Burkeybile, IHS, and the Medical Director of the American Indian Community House (AICH). AICH is a multi-faceted social support agency and cultural center with a staff of 35 that serves the estimated 27,000 Native Americans in New York City. AICH membership is currently composed of Native Americans from 72 different tribes. The RD identified several action items including: civil rights compliance, mental health services for American Indian ironworkers in New York City, obesity education for adolescents, the need for a linkage to a community health center for services, telemedicine and diabetes prevention. The RD also invited Trish Marsik from Project Liberty to present at the meeting regarding services that are available to American Indians affected by 9/11.

On July 30, 2003, the RD convened a meeting with the Regional Tribal Work Group in order to debrief regarding issues raised at the July 8, 2003, Regional Tribal Consultation Session.

OUTCOMES AND ACCOMPLISHMENTS

On July 16, 2004, the RD was able to facilitate a successful resolution of negotiations between the IHS, the Onondaga Tribe, and New York State regarding the provision of in-patient health care services. Additionally, the RD reached out to New York State to facilitate a dialogue between the local social services districts and members of the Tribe.

On December 17, 2003, the RD spoke to the ACF Regional Administrator Mary Ann Higgins and Christine Heywood, from the New York State Office of Children and Family Services, regarding an issue raised by the St. Regis Mohawk Tribe regarding child foster care placements across the US-Canada border. The Tribe would like to certify foster homes located in Canada and would like to know about eligibility for Title IV reimbursement. ACF continues to work closely with the state and the Tribe to respond to their respective issues.

The ORD has played an instrumental role in establishing a close working relationship between federally recognized tribes in the region and the Veterans Administration.

The tribes were invited to attend an MMA training session sponsored by the Boston Region CMS office held at Foxwoods Facilities in Connecticut on September 29-30, 2004. The ORD provided funding that helped with the travel expenses of Region II tribes.

Region III – Philadelphia

At this time, Region III does not have any Federally recognized tribes; however, the Region III Minority Health Coordinator (RMHC) has met with two tribal leaders in the state of Maryland, Chief Rudy Hall of the Accohonnock Tribe and Mervin Savoy of the Piscataway Conoy Tribe to discuss regional activities and Initiatives.

Region IV – Atlanta

On January 22, Regional Director Costas Miskis began conference calls with Mike Tiger, IHS Area Director, Tim Martin, Executive Director of United South and Eastern Tribes, Inc. (USET), and the Regional Directors in Regions I and II to plan the 2004 tri-regional tribal consultation. They also discussed the Medicaid reimbursement challenges faced by Unity Regional Youth Treatment Center in Cherokee, North Carolina.

During March 1-2, Deputy Secretary Claude Allen visited South Florida. He was accompanied by Lance Leggitt, Counselor to the Deputy Secretary; Richie Grinnell, Acting Nashville IHS Area Director; Kevin Molloy, Special Assistant to the IHS Area Director; Pelagie "Mike" Snesrud, CDC Senior Tribal Liaison for Policy and Evaluation; and, Executive Officer Amanda Robinson, representing the Regional Director. The trip included several tribal-related activities:

- The Deputy Secretary's group visited the Miccosukee Tribe of Indians of Florida on March 1 at tribal headquarters on the Tamiami Trail in the Everglades outside Miami. They met with Vice-Chairman Jasper Nelson, who was representing Chairman Billy Cypress. They discussed issues of concern to the tribe, and the Deputy Secretary explained how his and the Secretary's visits to the tribes throughout the country have helped them understand the great needs that exist in Indian country. He reiterated their commitment to reaching out to Native American communities.
- The group toured the tribal Head Start Program. Head Start Director Grisell Alehandra, who has been with the program for 14 years, spoke of the important role of the program to the tribe.
- The group also met with Ray Weeks, Commissioner of the Miccosukee Police Department, and David Ward, Chief of the Miccosukee Police Department. Chief Ward spoke of the efforts he has made to ensure state and local officials are aware of the role his department plays as a first responder in emergency preparedness and response.
- Next came a tour of the health clinic, led by Casandra Osceola, Health Director. She identified the most serious health concerns affecting the tribe as diabetes, cancer and the need for prevention in general.
- On March 2, the Deputy Secretary's party visited the Seminole Tribe of Florida at their headquarters in Hollywood. They met with Chairman Mitchell Cypress who described diabetes as a major problem in Indian country. Himself diabetic, Chairman Cypress has allowed his treatment information and inspirational progress to be shared by the tribal health department with tribal members as part of their diabetes prevention program. The Deputy Secretary stressed how the Secretary has made health a priority. He discussed the Healthier U.S. Program and the President's Challenge.
- The meeting with Chairman Cypress also included Moses Osceola, President of the Seminole Tribe of Florida, Inc. Board of Directors; Connie Whidden, Health Director; and Brenda Shore-Fuller, Health Information Officer for the United South and Eastern Tribes, Inc.
- Tribal Health Director Connie Whidden toured the group through the newly renovated health complex.

- The group visited the Child Care Center, which is currently stretching capacity with 89 children ranging from six weeks to five years old. Some of the children were eating lunch, and they invited the Deputy Secretary to join them.
- The Deputy Secretary was treated to a second lunch with tribal elders at the Senior Center. Here he had another opportunity to speak with Chairman Cypress and also Mike Tiger, the new tribal treasurer, who was Nashville IHS Area Director until very recently.
- At the Senior Center, the Executive Officer had the opportunity to meet and speak with the director Linda Ormond and the Title VI (AoA meals program) manager Leah Minnick to discuss how well the program is working at three Seminole reservations: Hollywood, Brighton and Big Cypress.
- The day ended with a visit to the construction site of the Seminole's Hard Rock Hotel and Casino, which opened in May. The tribe owns and manages the operation through a licensing agreement with Hard Rock.
- The Executive Officer used the opportunity of the tribal visits to discuss the upcoming regional tribal consultation to be held in Nashville with Regions I and II during April 14-15.

On May 17, the Executive Officer participated with the CMS Regional Office in an Open Door Forum call concerning the two drug discount cards being developed specifically for Indian tribes and urban tribal programs.

On June 16, Regional Director Costas Miskis and Region I Regional Director Brian Cresta spoke at a meeting of the USET board of directors in Hollywood, Florida. The regional directors provided an update on the HHS tribal consultation process.

OUTCOMES AND ACCOMPLISHMENTS

The regional office responds to requests for information and shares grant information and other items with the tribes. When tribal representatives raise concerns, they work with the HHS division that has jurisdiction and/or the IGA tribal affairs staff. Tim Martin, Executive Director of USET, Inc. raised issues concerning cross-state Medicaid billing by regional treatment centers for Native American youth. The regional office consulted the CMS regional office and they brought the issue before the Tribal Technical Advisory Group (TTAG). The TTAG is currently working with Dr. Jon Perez of IHS on a proposed demonstration that would reconsider the requirements of residency and seek to treat individuals as residents of the state where the treatment center is located for purposes of Medicaid.

Region V – Chicago

Midwest Tribal Meeting: On December 6, Acting RD Krohn spoke at the IHS Bemidji-area I/T/U meeting in Bloomington, Minnesota. Krohn highlighted national and regional tribal goals/accomplishments/activities, including: Medicare/specialty drug cards/transitional benefit to I/T/U pharmacies; funding increases; grants to area tribes; and ICNNA work. After providing an update on the national consultation policy and budget formulation process, Krohn began dialogue on the 2005 Midwest budget consultation session, to be conducted again this year in partnership with the Midwest Alliance of Sovereign Tribes. Recommendations include: a bioterrorism forum with state, federal, and tribal officials (possibly led by the EC); tribal set-asides; grant awards reflecting disease proportion, rather than population; and smaller tribes' access to competitive funds. Follow-up includes: consultation planning call (Dec. 17); CMS participation in MN state/tribal meeting; and, OWH FY03 grantee funds delivery.

Detroit Urban Health Summit: On Sept. 10, Krohn participated in the Detroit Urban Indian Health Summit, highlighting the Secretary's commitment to increasing tribal access to HHS programs and services, regional consultation efforts, and MMA (discount card, transitional and preventive benefits). Krohn talked with state and local officials at the event, including the Wayne County Executive and the Detroit Health Commissioner.

MN Tribal Child Welfare Call: In follow-up to the Fond du Lac meeting, Krohn facilitated a call between ACF and tribal human services staff on child welfare concerns, specifically: ICWA compliance (ACF will emphasize to states the inclusion of compliance activities in their five-year child and family services plan; working on agreement with BIA to move forward together on compliance efforts; and, ACF regionally may hire staff to focus on tribal issues); continue flexible, full funding for family preservation activities; ASFA conflicts with ICWA (ACF recommended, and will approve, request for *National Resource Center for Child Welfare Legal and Judicial Iss*ues training for MN courts, tribes and state); state may tax in-home child care providers as businesses, resulting in an increase from approximately $300 to $1200 (ACF will follow up).

Tribal Events: On April 22, Acting RD Krohn spoke at the Bemidji-area IHS all I/T/U meeting in Duluth, Minnesota, highlighting the Region V budget consultation session issues/recommendations and responses/actions to date, including funding inventory, prevention activities, TTAG expansion, separate MMA briefing, and additional technical assistance. Krohn followed up separately with Fond du Lac staff on human services issues. On April 23, Krohn brought greetings from the Secretary at the opening of the expanded Fond du Lac Human Services/Health Clinic, citing it as a national model for quality Native American health and human service delivery, as envisioned by Secretary Thompson.

Region VI – Dallas

On October 1, Regional Director Linda Penn, Regional Administrator Leon McCowan, Administration for Children and Families, Charlotte Gish and Lindsey Kirn, Office for Women's Health met to discuss joint opportunities for mutual participation in the Tribal Young Women's Conference planned for April 2005.

On October 2, Regional Director Linda Penn responded to a letter from Mickey Peercy, Chair, Oklahoma City Area Inter-Tribal Health Board that inquired about a CMS (Centers for Medicare and Medicaid Services) consultation meeting. Region VI CMS sponsored a well-attended and well-received consultation meeting in October 2002. Regional Administrator Randy Farris committed to repeat the consultation session this year. In an effort to comply with Secretary Thompson's One Department Initiative, CMS plans to participate in the regional consultation session. RD Penn and RA Farris are cooperating to resolve scheduling issues created by the transition to an "all agencies" consultation format. RD Penn requested input in planning the 2004 consultation session in a recent letter to the Tribes.

On October 24, Regional Director Linda Penn, Executive Officer Don Perkins, and Regional Minority Health Consultant Epi Elizondo met via teleconference with Greta Shepherd Stewart, Executive Director of the Oklahoma Primary Care Association (PCA), to further discuss the PCA's involvement in the Diabetes Detection Initiative (DDI). Ms. Stewart expressed strong support for the initiative and willingness, pending board approval, to commit Oklahoma Community Health Centers (CHCs) as referral points for follow-up care. RD Penn earlier spoke with Mickey Peercy from the Choctaw Nation to reconfirm their interest in being a launch site.

On November 4, Regional Director Linda Penn conducted a meeting of the Region VI Intra-Agency Tribal Issues Team. The group discussed the upcoming tribal visits in the Four Corners area by the Deputy Secretary, the Regional Tribal Consultation Session Report, Native American Heritage Month observance plans, and the Choctaw Nation participation in the Diabetes Detection Initiative.

On November 12, Executive Officer Don Perkins represented Regional Director Linda Penn and welcomed members from United Native Indian Tribal Youth, Inc. (UNITY) to a meeting with Administration for Children and Families (ACF) officials in Dallas. UNITY, which serves the leadership needs of American Indian and Alaska Native Youth in 34 states and Canada, met with regional office staff to present information on their programs and discuss funding opportunities.

On November 12, Regional Director Linda Penn presented opening remarks at the Launch Ceremony for the Diabetes Detection Initiative for the Choctaw Nation. The event was held at the Choctaw Nation Tribal Complex in Durant, Oklahoma. In addition to RD Penn, Chief Greg E. Pyle also spoke at the ceremony, which was attended by all council members.

Following the DDI launch on November 12, Regional Director Linda Penn met with Mickey Peercy and Randy Hammons from the Choctaw Nation to discuss an elder abuse prevention program that the tribe wants to expand. The Choctaw representatives gave a proposal to RD Penn, who agreed to share it with the ACF Regional Office. They hope to establish a comprehensive Adult Protective Services program through forming partnerships with other agencies for funding purposes and technical assistance.

On November 17-20, Regional Director Linda Penn accompanied Deputy Secretary Claude Allen and other HHS officials on visits to several tribal programs. The group visited facilities and programs operated by the Navajo Nation, Ute Mountain Ute Tribe, and the Jicarilla Apache Nation.

On December 18, Regional Director Linda Penn met with ACF Tribal Programs Specialist Judy Baggett and ACF Tribal Children and Families Program Specialist Lisa Blackmon. The group reviewed a proposal by the Choctaw Nation of Oklahoma for an adult protective service project and discussed opportunities for funding.

On January 14, Regional Director Linda Penn met with ACF and AOA staff, who reported on results of their recent research to determine availability of resources for a request by the Choctaw Nation for funds for an "Elder Abuse" program.

On January 20, Regional Director Linda Penn addressed the ACF Mid-Winter Leadership Training Conference pre-conference session for new Tribal Child Care Administrators in Dallas. In her remarks, RD Penn focused on Secretary Thompson's commitment to tribes and discussed 2003 activities. These included the work of the Region VI Intra-Agency Tribal Issues Team, the first HHS Regional Consultation session, and plans for the 2004 consultation session. She also discussed the numerous visits to tribes this past year and her desire to visit more this year. She encouraged participants to maintain constant contact with the HHS Regional Office to keep us informed regarding their needs and issues.

On February 18, Regional Director Linda Penn traveled to Durant, Oklahoma to conduct a planning session for the Regional Tribal Consultation Session. Participating with RD Penn in the planning session were representatives from the Oklahoma City Area Inter-Tribal Health Board, the IHS Oklahoma City Area Office, CMS, and ACF.

On February 23, Executive Officer Don Perkins coordinated a regional teleconference with the Choctaw Nation regarding implementation of the Diabetes Detection Initiative (DDI). The local representatives discussed accomplishments to date, including the administration of 377 risk assessments and follow-up screening of 178 individuals. Participants also discussed ideas for implementing Component 2 of the DDI.

On March 1, Regional Director Linda Penn met with Operating Division (OPDIV) representatives to further discuss plans for the Regional Tribal Consultation Session. The first day of the session will include brief presentations from HHS staff, but the majority of the session will focus on feedback and issues raised by the tribal representatives. The second day will include more detailed discussions of HHS programs from CMS and ACF.

On March 26, Regional Director Linda Penn met with staff from Three Feathers, an Oklahoma organization that does contract training for tribal Head Start programs and received a briefing on a Native American Head Start training session. The group expressed concern regarding a recent headquarters decision to no longer issue waivers for non-federal share. RD Penn briefed the group on the upcoming Regional Tribal Consultation Session and encouraged them to attend.

On April 7-8, Regional Director Linda Penn and Intergovernmental Affairs (IGA) Specialist Ashlea Quinonez were in Oklahoma City for the Region VI Tribal Consultation Session. Gena Tyner-Dawson (IGA) and additional HHS regional staff also participated in the meetings. 120 representatives attended the session from 29 tribes. The meeting included very a constructive exchange on issues such as funding, per capita spending on Native Americans, and the Medicare prescription drug benefit and prescription drug discount cards. HHS representatives from headquarters and the region made brief presentations on their respective programs. Success stories from the federal and tribal perspective were shared. CMS and ACF conducted separate technical issues sessions on the second day.

On April 30, the Choctaw Nation contacted Regional Director Linda Penn with a question regarding their eligibility for a recently announced family planning services grant. Intergovernmental Affairs (IGA) Specialist Ashlea Quinonez researched the issue with the Office of Population Affairs and the Regional Health Administrator, who concluded that the tribe was eligible to apply for the grant in question. This information was shared with RD Penn and IGA staff for use in the IGA Director's May 3 speech on behalf of Secretary Thompson at the Tribal Self-Governance meeting n Orlando.

On May 5, Regional Director Linda Penn met with Director of Quality Patient Outcomes David Wharton and staff from the Choctaw Nation in Talihina, Oklahoma to discuss progress on the Diabetes Detection Initiative (DDI). The staff briefed RD Penn on their extensive DDI activities and took her on a tour of their recently completed Diabetes Wellness Center. The Choctaw Nation is currently attempting to obtain feedback on the number of individuals who followed up on the recommendation to see a medical provider. Additionally, the tribe has produced a television advertisement featuring Chief Greg Pyle that focuses on diabetes and includes DDI information. The advertisement is currently being shown in much of Oklahoma. While there, RD Penn met with Hospital Administrator Reece Sherrill to discuss the recent eligibility issues the tribe raised regarding a family planning grant.

During the evening of May 12, Regional Director Linda Penn attended a board meeting of a group of safety net health providers that includes First Nations Community HealthSource, Albuquerque Indian Health Service, Albuquerque HealthCare for the Homeless, Inc, New Mexico Department of Health, Presbyterian Medical Services, and the University of New Mexico Health Sciences Center. CAP-NM aims to achieve 100% access for all uninsured in Central New Mexico to a primary care home. They believe health status will be improved through collaboration and integration between the seven safety net provider systems in the four-county target area with particular attention to reducing health disparities among vulnerable populations. The board aggressively seeks local funds to provide sustainability for their efforts. A variety of issues were discussed including a current dispute between IHS and the University of New Mexico Hospital and concerns over the ability of the community to provide adequate services to the growing urban Indian population.

On May 13, Regional Director Linda Penn gave the keynote address at the IHS Albuquerque Area Office Open House. In her remarks, she highlighted the Regional Consultation Session, tribal visits by senior departmental officials, and Secretary Thompson's commitment to increasing the Department's attention to tribal issues. She also discussed the MMA legislation, including the prescription drug discount card, and drug re-importation. Regional staff from CMS, OGC, and ACF also conducted sessions at the event. Regional Director Linda Penn also attended a tribal listening session conducted by New Mexico Secretary of Health Patricia Montoya at the open house. About 150 persons, including tribal leaders, community leaders and tribal health board members attended. Staff from the offices of Senator Jeff Bingaman and Congresswoman Heather Wilson also participated in the event.

On May 14, Regional Director Linda Penn addressed a meeting of ACF Title IV-B grantees in Albuquerque. Representatives attended the meeting from nine New Mexico tribes and Bureau of Indian Affairs Southwest Regional Director Larry Morrin. Regional Director Linda Penn briefed the grantees on Secretary Thompson's commitment to tribal issues, outlined HHS tribal activities, and discussed the MMA legislation. She encouraged attendees to help educate senior tribal members about the new drug benefits to assure that they had adequate and accurate information.

On May 14, Regional Director Linda Penn and Regional ACF Staff met with Bureau of Indian Affairs Southwest Regional Director Larry Morrin where they discussed activities of each department.

On May 18, Regional Director Linda Penn and ORD staff met with the Region VI Intra-Agency Tribal Issues Team. The group discussed the recent Regional Tribal Consultation Session, the IHS Albuquerque Area Office open house the previous week, the Choctaw Nation DDI and upcoming tribal events. It was decided to invite tribes to report on best practice efforts as a feature of future workgroup sessions. To further enhance communication efforts, the RD office has begun to send a report of the tribal workgroup sessions to each tribe in Region VI.

On June 1-2, Regional Director Linda Penn attended the First Annual Direct Service Tribes National Meeting in Phoenix, Arizona. The National Indian Health Board sponsored the meeting. Regional Director Linda Penn participated in a panel with other HHS Regional Directors to discuss working with Direct Service Tribes. She discussed Region VI activities with the tribes including the Regional Consultation Session, the Diabetes Detection Initiative, the Young Indian Women's Conference, and the work of the Regional Intra-Agency Tribal Issues Team. RD Penn also attended a reception for the regional directors to interact individually with conference participants. Region VI CMS and IHS staff and representatives from IHS area offices within the region also participated in the conference.

On July 27, Executive Officer Don Perkins represented Regional Director Linda Penn and chaired a meeting of the Region VI Intra-Agency Tribal Issues Team. The group discussed Secretary Thompson's visit to Navajo country, tribal MMA presentations, the Choctaw DDI initiative, and the upcoming National Indian Health Board Conference in Oklahoma City. It also discussed the "Take a Loved One to the Doctor Day" initiative and the possibility of expanding it to tribal areas. A representative from EPA made a presentation regarding environmental issues

affecting the Ponca tribe and asked for HHS assistance in identifying any relevant health issues with the tribe.
On August 11, Regional Director Linda Penn addressed the NIHB Conference in Oklahoma City. In her remarks, she described the regional office organization and role and our direct contact with tribal leaders. She also highlighted the progress Secretary Thompson has made in making HHS more responsive to Native Americans. Additionally, she discussed the Region VI Intra-Agency Tribal Issues Team projects and the regional consultation sessions, the Choctaw Nation DDI efforts, and Take a Loved One to the Doctor Day. RD Penn also discussed plans for National Border Health Week and the involvement of the Kickapoo Traditional Tribe of Texas at Eagle Pass. Region VI CMS staff also participated in the conference.

OUTCOMES AND ACCOMPLISHMENTS
Region VI Regional Director and staff used a variety of ways to interact with tribes and tribal organizations in a number of areas. They focused on as much direct contact as possible, through site visits and personal outreach. These activities were supplemented with written communication and conference calls. Additionally, the regional office attended various tribal meetings, organized and presented grant announcements and worked with tribes and tribal organizations to plan and implement the regional tribal consultation session. They extended the scope of HHS special initiatives to the Native American community, with special attention to the Diabetes Detection Initiative (DDI) and Take A Loved One to the Doctor Day. They routinely refer tribal issues to HHS operating divisions and constantly work with IHS area offices and IGA headquarters staff.

Region VII – Kansas City

The **Regional Director** (RD) was asked by the Chairman of the Iowa Tribe of Kansas and Nebraska to connect him with the representative of Administration on Aging. The RD responded by giving him the contact information. The RD presented competitive Diabetes Grant Awards to the Winnebago Tribe and the Haskell Indian Nations University, Health Center.

The **Administration for Children and Families** (ACF) Regional Office held meetings with the State Child Welfare Administrators and Tribal Child Welfare directors to discuss program issues and priorities. In addition, the Tribes participated in meetings with the Permanency (Adoption and Foster Care) and Court Improvement Managers in the states, and meetings with the Independent Living State Directors. A component of the meeting was technical assistance provided by the National Resource Centers. ACF also provided technical assistance through the National Resource Centers directly to the Tribes regarding foster care and adoptive home recruitment, and independent living. ACF worked with the Tribes in the completion of their 5-year IV-B plans and participated in meetings and seminars held with the State of Iowa and Tribes in the Sioux City, IA area. ACF representatives attended the ANA Conference in Phoenix, Arizona, where members of the Region VII Tribes participated and had the opportunity to discuss issues involving their Child Support & TANF program. Region VII Tribes that attended this conference were - Prairie Band Potawatomi Nation, Ponca, Winnebago, Omaha, and the Iowa Tribe of Kansas & Nebraska. ACF was invited to attend the meeting between the State of Kansas Social and Rehabilitative Services Northeast Service Area and the Kickapoo Nation hosted by the Tribe. Information was provided on the new Tribal Child Support regulations as

well as the upcoming regional Tribal Child Care Conference, and the Good Start, Grow Smart early learning program and how it applies to tribes.
The Office of Child Support Enforcement hosted a Tribal Child Support Regulation rollout meeting in Bethesda, Maryland, which regional office staff attended. Also present were Prairie Band Potawatomi Tribe. The requirements for operating a Federally funded child support program were discusses with agreement to continue with follow up discussions. ACF hosted the Regional Tribal Child Care Conference following the Regional State Child Care Administrators Conference at Crown Center in Kansas City, Missouri. Tribal Child Care and Development Fund (CCDF) contractor, Tri-Tac made presentations on Good Start, Grow Smart and tribal/state collaboration opportunities. Tribes attending were - Iowa Tribe of Kansas & Nebraska, Kickapoo, Prairie Band Potawatomi Nation, Omaha, Ponca, Santee Sioux and Winnebago. ACF representatives traveled to Nebraska and helped tribes with their CCDF reapplications and the applications for IV-b(1) grants (child welfare). At Santee, ACF met with the Tribal Planner, Tribal Head Start, and Child Care representatives. At Winnebago, ACF talked with the Human Resources Director and the Indian Child Welfare Act Director. Representatives met with the Child Protective Services and ICWA worker.

ACF Regional Office hosted the State Child Welfare Directors' and Tribal Social Services' Directors Meeting. A highlight was a presentation on the Child and Family Service Reviews, how the Tribes were involved, and how the Indian Child Welfare Act has not been followed. Sherri Eveleth of the Sioux City Community Initiative for Native American Families (CINCF) described her organization's legal help for Native Americans. Tribal attendees were - Prairie Band Potawatomi Nation, Kickapoo, Winnebago, and Omaha. ACF attended the quarterly meeting of the Kickapoo Tribe and Kansas Social and Rehabilitative Services (SRS) in Holton, Kansas. Candace Wishkeno of the Kickapoo Tribe facilitated the meeting. She is the director of the tribal CCDF and Native Employment Works (NEW) programs. The SRS Area Director, Dona Booe explained the Kansas SRS reorganization and how it would affect tribes. Vivian Looking Horse of the Kickapoo Education Department explained the Plum Creek Reservoir Project (Tribal Chair Steve Cadue discussed this problem earlier with Fred Schuster in the Oct. 2002 meeting at the Kickapoo Reservation). ACF made a presentation on Good Start, Grow Smart and showed the video of tribal child care administrators discussing it.

ACF worked with Region VII Tribes and Central Office in Washington in getting the NEW plans approved from July 1, 2004 through June 30, 2007. Tribes with NEW programs are Kickapoo, Omaha, and Santee Sioux. (The Winnebago include theirs in a 102-477 program and work through the BIA.) ACF worked with Tribes and Central Office in Washington in getting the Child Care Development Fund plans approved from October 1, 2004 through September 30, 2005. Tribes with CCDF grants are the Sac and Fox of Missisippi, Iowa Tribe of Kansas & Nebraska, Kickapoo, Prairie Band Potawatomi Nation, Omaha, Ponca, and Santee Sioux. (The Winnebago include theirs in a 102-477 program and work through the BIA.)

The **Administration on Aging** (AoA) Regional office held an on-site monitoring visit, which was conducted with the Winnebago Tribe of Nebraska in Winnebago, Nebraska. The Regional staff attended a Tribal Listening Session in Phoenix, Arizona. An on-site monitoring visit was scheduled with the Santee Sioux Tribe in August 2004. However, the Nutrition Program Director was ill at that time and the review was cancelled. In FY 2005, On-Site Monitoring

Visits are scheduled in 3rd and 4th Quarters with the Santee Sioux Tribe of Nebraska, the Iowa Tribe of Kansas and Nebraska, and the Winnebago Tribe of Nebraska.

The **Centers for Medicare & Medicaid Services** (CMS) Regional Office focused on reaching out to improve communication channels, enhance relationships, foster partnerships and learn about the issues and concerns of the nine tribes in Region VII. Multiple face-to-face meetings were conducted with tribal leaders, health directors and providers. The Medicare Modernization Act of 2003 (MMA) and its impact on Native Americans were among those crucial topics addressed during consultation. The roles of the Native American Contact (NAC) and the Tribal Technical Advisory Group were discussed as well as the need for technical assistance to Tribes in realizing the full potential of the Medicare, Medicaid, and State Children's Health Insurance Program. In an effort to increase Native Americans' knowledge and understanding about the full potential of CMS programs, CMS coordinated and conducted a Medicare and Medicaid train the trainer session. The event was hosted by the Prairie Band Potawotami Nation and included multiple state and federal partners such as the Social Security Administration, Nebraska Department of Health and Human Services/Office of Minority Health, and the Kansas Department of Social and Rehabilitation Services. The two-day workshop was well attended. Among its participants were tribal council members, health directors, community health representatives, social workers and senior center administrators from the Omaha Tribe of Nebraska, the Ponca Tribe of Nebraska, Winnebago Tribe, Prairie Band Potawatomi Nation, Iowa Tribe of Kansas and Nebraska, Santee Sioux Nation, Sac & Fox Nation of Missouri and the Kickapoo Nation. Analysis of the training's evaluation tool indicated overall accomplishment of stated objectives, satisfaction with speakers, materials and resources provided and a need for additional training sessions just for Native Americans. During the training the following issues were raised: 1) Medicaid reimbursement for out-of-state providers; and 2) Medicare premiums and surcharges. The Native American Coordinator forwarded these issues to Central Office to seek guidance and further discussion at the national level.

The Kansas Four Tribes Coalition meeting was held at Haskell Indian Nations University. Tribal leaders from the Iowa Tribe of Kansas & Nebraska, Prairie Band Potawatomi Nation, Sac & Fox Nation of Missouri and the Kickapoo Nation were in attendance. During the meeting the NAC provided a brief overview about the Medicare Modernization Act of 2003 (MMA) and some of its implications for Native Americans. The NAC also talked about the upcoming HHS Tribal Consultation Meeting, requested feedback regarding the format, agenda, location and dates for the session and introduced to the coalition the new Office on Minority Health Coordinator for the Office of Public Health and Science (OPHS). An IHS Oklahoma Area Joint Conference Committee (JCC) meeting was held at Kansas University (KU), Lawrence Kansas. In attendance were representatives from several Oklahoma and Kansas tribes, IHS officials, and representatives from multiple services units in the IHS Oklahoma Area boundary. At the Conference Committee, the NAC and the Division of Medicare Operations (DMO) Associate Regional Administrator (ARA), Nannette Foster Reilly, presented on the topic of MMA and its impact on Indian health. Commitments were made to attend other IHS and tribal meetings to provide in-depth information about the MMA, specifically the Medicare Approved Drug Discount Card and the $600 credit. The NAC and a DMO outreach representative hosted a Medicare information booth at the Kickapoo Nation Health Fair. Around 400 seniors and their

families attended this major event during which Region VII representatives distributed Medicare literature/resources and answered Medicare and Medicaid related questions.
CMS representatives committed to conduct a Medicare roundtable discussion at a later date for seniors, caregivers and healthcare providers at the request of the Kickapoo's Health Director.
CMS representatives attended the Nebraska Inter-Tribal Health Coalition Meeting。In attendance were the tribal leaders and health directors from the Winnebago Tribe, Omaha Tribe of Nebraska, Santee Sioux Nation and the Ponca Tribe of Nebraska. The event hosted by Nebraska Health and Human Services System (NEHHS) provided an opportunity for the NAC to consult with tribes on issues related to the MMA and the coordination of outreach and education to Region VII tribes. The Coalition requested that CMS coordinate and sponsor a Tribal MMA educational session to include the Medicare Approved Prescription Drug Discount Card, and the $600 transitional assistance and its impact on Indian health. At that point, CMS, IHS, the Tribal Technical Advisory Group (TTAG) and the Special Endorsed Drug Card Sponsors (Pharmacy Care Alliance and Computer Services Corporation) were working diligently on the draft contract and appropriate policy guidance. Outreach materials and strategies for Native Americans were developed and an Intra-Agency Agreement was signed between CMS and IHS at a later date. As a result a training session for the Nebraska and South Dakota Tribes was coordinated and conducted in partnership with IHS Aberdeen Area Office on September 29, 2004.

At the request of the Kickapoo Health Director, a Medicare roundtable discussion was conducted at the Kickapoo's Golden Eagle "Wah-no-ko-quah" Entertainment Center. The NAC and a DMO outreach representative presented to seniors and tribal healthcare providers on the Medicare Approved Drug Discount Card and the $600 credit. Medicare literature was distributed and additional information/handbooks were given to the Senior Center for its resource center. In accordance with the Intra-Agency Agreement between IHS and CMS, the Kansas City and Denver Regional Offices partnered with IHS Aberdeen Area Office to co-sponsor and conduct training for Native Americans regarding the Medicare Approved Prescription Drug Discount Card and Transitional Assistance Program. In attendance were health directors, pharmacists, patient benefits coordinators and outreach workers from several South Dakota and Nebraska Tribes, the Sac & Fox of the Mississippi in Iowa, representatives from each of the specially endorsed drug card sponsors, IHS officials and services units providers in the IHS Aberdeen Area boundary. Outreach materials and training content were customized to meet the unique needs of the Native American population. After an in-depth presentation by CMS representatives about the Drug Discount Card and the Transitional Assistance Program for Native Americans, the attendees discussed outreach strategies. The session was very well received and general comments and recommendations were incorporated in subsequent training sessions.

Throughout the year in accordance with CMS Consultation Policy, Region VII has provided support, technical assistance and/or policy guidance to:

- the State of Kansas regarding the Prairie Band Potawatomi Nation's eligibility to become a Kansas Medicaid non-emergency transportation provider and the federal medical assistance percentage (FMAP) match for such services;
- the State of Nebraska in the development of the Medicaid administrative matching funds contract/program agreement with the Winnebago Tribe;

- the Prairie Band Potawatomi Nation and Sac & Fox Health and Wellness Center in becoming a Federally Qualified Health Center (FQHC);
- the White Cloud Health Station in meeting the health station's educational/ informational needs by supplying copies of Medicare publications and resources;
- the Ponca tribe and the State of Nebraska in addressing and solving a complex Medicaid eligibility case;
- the White Eagle Health Center in Ponca, Oklahoma, regarding the Medicare Replacement Drug Demonstration and the Medicare Approved Prescription Drug Discount Card;
- the Santee Sioux Nation, Iowa Tribe of Kansas & Nebraska and the Heart of American Indian Center in meeting their technological needs by donating personal computers and printers to their Tribal governments and the Urban Indian Organization accordingly and;
- the American Indian Council in planning and coordinating their first Annual American Indian Symposium, "Vision of Common Destiny: Make Room for Us", to address some of the most critical issues and concerns of the urban Indian community regarding education, domestic violence, health and social status, services and access.

Health Resources & Services Administration (HRSA) representatives attended four tribal listening sessions held in Bloomington, MN (Region V); Portland, OR (Region X); Lawrence KS, (Region VII) and Las Vegas, NV (Region IX). Budget issues were discussed at each of these sessions. In particular, representatives from the Regions requested HRSA representatives to describe and review how HRSA's internal budget process functions. At each of the regional sessions referenced above, other tribal activities were also addressed. These included:

- Facilitating a discussion on HRSA's grant programs, including a discussion around grants that are available, the ones Tribes and Tribal organizations are interested in, as well as the ones for which they are eligible. In addition, HRSA representatives discussed strategies for successfully competing for HRSA grants.
- HRSA representatives (Rural Health, Primary Care-Community Health Centers and HIV/AIDS) set up tele-conference calls with a consortium of Tribal entities on follow-up technical assistance concerning preparation of grant applications for Rural Health Outreach Grants and Rural Health Network Grants. Moreover, follow-up TA was done in collaboration with Regional Offices.
- HRSA funding for AI/AN increased from $35,500,000 in FY 2003 to over $38,000,000 in 2004.

Office of Public Health & Science (OPHS) Region VII worked throughout this period with officials and several safety net clinics in Wichita, Sedgwick County, Kansas, on a Diabetes Detection Initiative (DDI) Pilot Project. This was one of 10 such projects in the United States. One of the principal participating clinics was Hunter Health, which was established originally to provide health care services to urban Native Americans in the Wichita area. Although not restricted to Native Americans, Hunter Health, which is a Federally Qualified Health Center (FQHC) receiving support both from HRSA and IHS, continues to serve a largely poor Native American clientele. The formal launch of the DDI Project in Wichita was held at the American Indian Center; the keynote speaker was Surgeon General Richard Carmona. Numerous Native Americans participated. Hunter Health Clinic presented a Native American blanket to the Surgeon General. A representative of Hunter Health participated in the National DDI meeting in November 2004 in Washington, D.C. The OPHS Region VII Minority Health Consultant

(RMHC) participated in Four Tribes Native American Consultation Meeting, which took place in Kansas. This was the first opportunity for the Region VII RMHC to begin to develop relationships with these tribal officials and to lay the groundwork for more follow-up discussion at the forthcoming regional Tribal Consultation in April 2004. The RMHC met with Native American health program specialist for Sedgwick County Kansas Health Department, of the Wichita, Kansas area. They discussed prevailing problems, concerns and successes of Indian public health work in this county. Other ways of collaborating between the Region VII OMH, OPHS and this county health department were also discussed. The RMHC met with the Hunter Health Clinic of the Wichita Kansas area, which began and continues to serve the urban Native American health program needs of this area. The RMHC met with administrators of this Federally Qualified Health Center (FQHC) who voiced their seriously evident physical infrastructure and programmatic needs in order to continue serving this and other ethnic populations. This clinic shared information on their proposed plans for a new building and facilities estimated between $5 – 6 million dollars. It was agreed that sustained funding sources from the RMHC would be an ongoing technical assistance need.

The Office on Women's Health staff provided an exhibit and information at the Haskell Indian Nations University's *Safety and Wellness Fair* in Lawrence, Kansas. Participants from the University represented Native American tribes from throughout the United States. The RMHC spoke at the Nebraska Inter-tribal Health Coalition meeting held in Lincoln, Nebraska. This coalition's primary mission is to address and facilitate issues pertaining to the health care needs of Native Americans in Nebraska (but that overlap into adjacent states also). Needs of both rural Native Americans living on tribal lands and of urban Native Americans was discussed. OPHS provided support for and participated in a Regional Native American conference – ***"Vision of Common Destiny: Make Room for US"*** which was held in Kansas City, MO, November 16-17. OPHS participated throughout the planning process, provided funding and arranged for speakers on health issues, including the second day keynote address by Michael Trujillo, M.D., former Director of the Indian Health Service. The keynote speaker on the first day was Wilma Mankiller, the first female chief of the Cherokee Nation. Approximately 400 people participate in this event, the first of its kind in the Mid-West. All but one speaker were Native Americans. Participants with the following tribal affiliations were present: Winnebago, Iowa Tribe of Kansas, Kickapoo, Kiowa Tribe, Navajo Nation, Santee Sioux Tribe of Nebraska, Sac and Fox of Tribe of Kansas, Oneida, Prairie Band Potowatomi, Choctaw, Cherokee, Comanche of Oklahoma, Creek, Crow, Dakota, Muskogi, Ponca of Nebraska, Laguna Pueblo Tribe, Wichita Tribe, Wyandot Tribe, and the Wisconsin Tribe. Officials of all four Region VII state health departments and the Kansas City, Missouri Health Department participated as did representatives of numerous non-governmental organizations, health care providers, advocacy groups, etc.

The HIV/AIDS Resource Coordinator provided HIV/AIDS capacity building technical assistance to the Native American community attending the Minority State Health Coalition in Iowa. Also provided was information to Haskell University to increase HIV/AIDS education for students at the University. HIV/AIDS funding information was also provided to local Native American groups in Kansas City to increase their participation with the local HIV/AIDS Planning Group. The Region HIV/AIDS Resource Coordinator has an on-going relationship with the National Native American Training Center.

Region VIII – Denver

Region VIII senior managers routinely report on Native American activities, among significant issues raised at our staff meetings. RD trips to states in the region include visits to reservations to meet with tribal leaders, or to Native American urban programs. Considerable time and effort was spent on the Diabetes Detection Initiative and two major DDI events held on the Wind River Reservation in Wyoming. This required extensive coordination/communication with Northern Arapaho and Eastern Shoshone tribal leaders. The RD was a member of Deputy Secretary Allen's delegation, which visited the Navajo Nation and the Ute Mountain Ute Tribe in Colorado. The RD participated in the Indian Health Service Billings Area Office Budget Formulation. Considerable time and effort was spent in planning and hosting the 2004 Tribal Consultation Session in Billings, MT. Extensive coordination/ communication was required with the Northern Cheyenne Tribe, the Crow Nation, the Montana – Wyoming Tribal Leaders Council, the Montana Governor's Office and other organizations, which made for a highly successful Consultation Session.

OUTCOMES AND ACCOMPLISHMENTS

- The Regional Director has continued to visit reservations and meet with elected tribal leaders in an effort to make them aware of HHS programs that may be of interest to tribal governments.
- Individual HHS programs have met internally and with tribal representatives to determine whether the issues raised at the consultation session can be resolved through administrative actions or whether it will be necessary to seek Congressional action.
- The Regional Director and other Region VIII regional administrators have met with representatives of other federal agencies to discuss issues raised at the Consultation session to find areas of cooperation that will help to resolve the problems raised by tribal leaders
- Issues raised during the Consultation Session are reviewed during Region VIII staff meetings.
- Participants in the Region VIII Consultation Session have been recognized for their contributions during the Region VIII Annual Awards Ceremony.

Region IX – San Francisco

Southern California Wildfires: The Regional Director's Office coordinated field reports from regional components on the impact of the Southern California wildfires upon HHS programs that devastated a number of counties from late October through early November 2003. The wildfires had burned more than 750,000 acres, destroyed over 3,500 homes, and caused 22 deaths. President Bush visited the area on November 4, 2003, to see the damage himself. The Regional Director (RD) participated in a Federal Interagency Group convened in Washington, DC, to assist in the rebuilding effort in Southern California. Their main interaction was with the *Southern California Tribal Chairmen's Association,* which represents 18 different tribes in Southern California.

Phoenix Area Visit: RD Calise Muñoz gave opening remarks at the Phoenix Area IHS 2003 Honor Awards Ceremony held February 13, 2004, in Phoenix. The ceremony recognized both IHS employees and others for their commitment to excellence. The RD met with several tribal and state leaders who were in attendance. On this trip, RD Muñoz toured the Phoenix Indian Medical Center (PIMC) and saw its telemedicine facilities, emergency room, obstetrics, and spoke with many of the tribal patients. The tour showed the pressing need for a new facility, and the RD pledged to work with IHS to continue the dialogue with Washington on potential financing for improvement of the PIMC.

Federal Regional Council Committee Meetings: RD Calise Muñoz participated in a joint meeting of the Federal Regional Council's Tribal Affairs Committee and Border Committee on March 17, 2004, in San Francisco. The Border Committee outlined its Labor Camp Strategy at the meeting, which calls for a pilot project beginning on the *Torres-Martinez Band of Cahuilla Indian* land in Riverside County, California. Both committees agreed to work cooperatively on a pilot project, which will necessitate meeting with tribal leaders in Riverside County.

Navajo Budget Formulation: RD Calise Muñoz participated in the Navajo Area Indian Health Service Budget Formulation Session in Window Rock, AZ, on March 23-24, 2004. Approximately 50 people attended the two-day meeting that will develop the Navajo Area's FY 2006 budget priority list. In her meetings with representatives of *The Navajo Nation,* she was advised the tribe's top budget priorities for FY 2006 are for facilities, sanitation, and water projects. RD Muñoz also toured the Fort Defiance area, including the Fort Defiance Hospital, during her visit.

First Annual Meeting of the Direct Service Tribes: Executive Officer (EO) Emory Lee represented the Regional Director at the First Annual Meeting of the Direct Service Tribes held June 1-4, 2004, at the Pointe South Mountain Resort in Phoenix, AZ. The purpose for RD participation was to inform the Direct Service Tribes about the role of RDs in representing the Secretary, and to encourage tribal representatives to work with the RDs in their region on issues of concern. EO Lee also used the opportunity to meet with representatives from the *Navajo Nation, White Mountain Apache Tribe, Tohono O'Odham Nation, Lone Pine Paiute-Shoshone Tribe* to finalize the issues to be covered at the Region IX Tribal Consultation session scheduled for Las Vegas in July 2004.

Pascua Yaqui Tribe: RD Calise Muñoz sent a letter of congratulation in June 2004 to Herminia Frias, who was selected by the Pascua Yaqui Tribal Council to be the first Chairwoman to lead the tribe. The *Pascua Yaqui Tribe* has 14,000 members, making it the third largest in Arizona. RD Muñoz offered the assistance of her office to Chairwoman Frias in any way possible.

MMA Roundtable: RD Calise Muñoz convened a Medicare Modernization Act (MMA) Roundtable at the Indian Health Service's Phoenix Area Office on July 1, 2004. The meeting brought together 22 leaders in the health and aging services profession in Arizona to provide MMA information. Most of the discussion focused on the Medicare Drug Discount card and the upcoming Medicare prescription drug benefit. Some of the tribal representatives asked questions about funding opportunities and how Medicare changes will affect the tribal populations. They were assured that CMS will make it a priority to conduct MMA education and outreach activities for tribes.

Tucson Area Cardiology Program: RD Calise Muñoz met with the IHS Tucson Area Office Director and Executive Officer at the University of Arizona/IHS Native American Cardiology Program, a collaborative effort between IHS and the University, on July 1, 2004. Native American patients often travel a great distance from rural areas to reach this program which features comprehensive, culturally competent care with an emphasis upon prevention. The program supports hospitals and clinics throughout the Southwest and widely consults through telemedicine. The RD was informed there are many more deaths and disability due to cardiovascular disease in the AI/AN population, often at a young age.

White Mountain Apache Tribe: EO Emory Lee convened a meeting on July 8, 2004, in the San Francisco Regional Office between HHS representatives from CMS and AoA, and the *White Mountain Apache Tribe*. The tribe, led by Chairman Dallas Massey, requested assistance to establish a long-term care facility on the reservation. Tribal leaders do not like sending their elders to Phoenix because the facilities lack the cultural competency in meeting the language and service needs of tribal residents. The tribe's interest is to renew efforts for a demonstration project on the reservation under the State of Arizona's section 1115 waiver, efforts that languished in 2001. Since it was unlikely the state would support such a demonstration, regional staff wanted to explore other options for the White Mountain Apache tribe. Chairman Massey expressed his appreciation for the region's support.

CRIHB Award: RD Calise Muñoz joined the SAMHSA Administrator, the IHS Director, and the IHS California Area Office Director on August 30, 2004, at a press conference to announce the Access to Recovery (ATR) award to the California Rural Indian Health Board (CRIHB) in Sacramento. CRIHB, which will receive $17.1 million over three years, was the only tribal organization to receive the ATR in this funding cycle. CRIHB Board members highlighted the need for substance abuse and recovery money in California's Indian Country, and said the money would be used for all of the AI/ANs in the state and not just for CRIHB members. This award addresses one of the priority issues raised by tribes at the Region IX Consultation.

IHS Area Offices: RD Calise Muñoz visited all four of the IHS Area Offices during the past year. Meeting with all the Directors and their key staff provided for a better understanding of the local issues that enables the RD to be an informed advocate on matters facing the Area Offices.

OUTCOMES AND ACCOMPLISHMENTS

Southern California Wildfires: EO Emory Lee represented the Regional Director in a conference call with Denis Turner, Executive Director of the Southern California Tribal Chairmen's Association (SCTCA) on November 6, 2003, where Mr. Turner reviewed the extent of damages suffered by SCTCA's 18 tribal reservations and the short and long-term needs necessary for recovery. At his request, Region IX provided a point of contact at the White River Apache Reservation so SCTCA could learn from White River's experiences in dealing with the 2002 Arizona wildfires. They also provided contact information for the FEMA field office in Pasadena, where HHS representatives from the Commissioned Corps Readiness Force were assigned.

Bioterrorism: RD Calise Muñoz met with Arizona Governor Janet Napolitano and her Health Policy Advisor Susan Gerard on February 11, 2004, in Phoenix. Since access to Bioterrorism funding has been an issue for tribes, the RD raised this as an issue with the Governor. Governor Napolitano spoke of the bioterrorism funding and the efforts the state has made to date in collaborating with the tribes in Arizona and with the Indian Health Service. RD Muñoz also met on February 11 with the Arizona Department of Health Services Director Cathy Eden and raised, among other things, the same issues of bioterrorism funding for tribes.

Rate of Attorney Fees: RD Calise Muñoz visited the California Area IHS Office in Sacramento on March 5, 2004, and one issue raised was the status of a dispute over the rate of attorney fees in a lawsuit brought by the Susanville Indian Rancheria (successfully) against IHS. The RD learned the Department Appeals Board made a ruling on the statutory amount of the fees, a decision which was under review by OGC and OS. The tribe complained it should be paid because of the DAB decision and seeks resolution to the issue. RD Muñoz had the opportunity to discuss the issue with Washington to expedite a resolution of the matter.

Long Term Care Facility on Tribal Reservations: In follow-up to a meeting held on July 8, 2004, with the White Mountain Apache Tribe regarding their interest in establishing a long term care facility on the reservation, CMS staff have identified an opportunity for the tribe to consider utilizing the Program of All-Inclusive Care for the Elderly (PACE) model, which has been successfully implemented throughout the country. CMS has learned a tribe in Oklahoma has moved ahead in exploring this model and the region will gather pertinent information related to PACE for the White Mountain Apache Tribe as well.

Prevention Issues: RD Calise Muñoz joined Regional Health Administrator Ron Banks in a meeting of the Region IX State Health Officials held on August 2, 2004, in the San Francisco Regional Office. The Hawaii and Arizona Health Department Directors and the California and Nevada State Health Officers came to discuss relevant issues in their states with the RD and RHA. RD Muñoz used the opportunity to inform the State Health Officials about the health prevention issues and priorities raised by the Tribes in Region IX. She will also invite them to participate in the next Region IX Tribal Consultation that will be held in 2005.

TANF Reauthorization: The reauthorization of TANF has been a priority issue for Region IX tribes, including the request for support of the changes to Tribal TANF proposed by Senator Max Baucus, and as developed and endorsed by the National Congress of American Indians (NCAI) and the Inter-Tribal Council of Arizona. On this issue, RD Calise Muñoz gave welcoming remarks and participated in the Region IX Tribal TANF Roundtable held in San Francisco on August 10-11, 2004. The RD said the tribes are proceeding in the right way on reauthorization by working with their elected representatives. She highlighted the Department's commitment to providing technical assistance, training and site visits to tribes so their TANF programs would be compliant and successful.

Facilities: One of the persistent priorities raised by tribal leaders is the need for new construction of facilities in Indian Country. As a result of the Region IX Tribal Consultation, this issue gained Departmental visibility when tribal leaders provided Assistant Secretary for Administration and Management Ed Sontag with numerous concerns about the need for facilities. In response, Assistant Secretary Sontag asked the tribal discussants to send him information on the issues they were raising. In addition, RD Calise Muñoz has had discussions with the Office of the Secretary and with the National IHS Director on the facilities issue.

Region X – Seattle

On November 11, 2003, Executive Officer (EO) Elizabeth Healy spoke at the Tribal Health Summit sponsored by the American Indian Health Commission for Washington State in Bow, Washington.

On November 13, 2003, Regional Director (RD) Bev Clarno attended the Region 10 ACF TANF Tribal Directors meeting in Seattle.

On January 20, 2004, RD Clarno spoke at the Northwest Portland Area Indian Health Board quarterly meeting in Portland, Oregon.

On February 3, 2004, RD Clarno and EO Elizabeth Healy received a tour and briefing from leaders of the Seattle Indian Health Board in Seattle, WA.

On February 24, 2004, RD Clarno and IGA Specialist Jenny Holladay met with the head of the Medical Assistance Administration for Washington State in Olympia regarding the state's request for a Medicaid waiver exempting tribes from monthly premiums for low-income children

On March 11, 2004, RD Clarno, EO Elizabeth Healy, IGA Specialist Jenny Holladay, and representatives from Region 10's Office of General Counsel, Office for Civil Rights, Indian Health Service, and Centers for Medicare & Medicaid Services met in Seattle with the head of the Northwest Portland Area Indian Health Board regarding Washington State's request to exempt tribes from Medicaid premiums.

On March 12, 2004, RD Clarno, EO Elizabeth Healy, and HRSA Program Officer Beryl Cochran met in Sequim, WA with members of the Jamestown S'Kallam tribe in regarding HRSA funding issues.

On March 24-25, 2004, RD Clarno, EO Elizabeth Healy, and IGA Specialist Jenny Holladay attended the Region 10 Tribal Consultation and the IHS Budget Formulation session in Portland, Oregon.

On May 5, 2004, RD Clarno gave a presentation on HHS initiatives to the Confederated Tribes of Warm Springs in Warm Springs, Oregon and toured their Health Center.

On May 11, 2004, RD Clarno toured an IHS facility at the Yakama Indian Nation and a clinic at White Swan, Washington.

On May 14-15, 2004, RD Clarno attended and spoke at the Affiliated Tribes of Northwest Indians Mid-Year Conference in Lincoln City, Oregon.

On May 25, 2004, RD Clarno gave opening remarks at the Region 10 Tribal Child Care Conference in Bow, Washington.

On July 28, 2004, RD Clarno, IGA Specialist Holladay, HHS Chief of Staff Scott Whitaker, and Assistant Secretary Ed Sontag met with Ralph Forquera, head of the Seattle Indian Health Board and toured their facility.

On August 11, 2004, RD Clarno toured the Lummi Nation's Tribal Health Center near Bellingham, Washington.

On August 24-25, 2004, IGA Specialist Jenny Holladay attended a Health Summit sponsored by the Makah Nation at Neah Bay, Washington.

OUTCOMES AND ACCOMPLISHMENTS

The Office of the Regional Director in Region 10 attended numerous tribal meetings and events throughout the region and outreached to tribes whenever possible. RD Clarno worked hard to build relationships with tribal members and groups and bring the Secretary's message regarding recognition of government-to-government relationships and the importance of health prevention and promotion. One of the major issues raised by tribes during 2004 was the issue of cost sharing under Medicaid. Washington State submitted a Medicaid waiver request to allow the state to exempt AI/AN from monthly premiums for low-income children. The state received a letter from CMS stating that the request violated provisions of the Civil Rights Act and that the waiver would be approved if the state could demonstrate that its request meets a standard of strict scrutiny for exceptions to that Act. There is a similar issue outstanding in Oregon to provide American Indians and Alaska Natives who qualify for the Oregon Health Plan with an enhanced OHP benefit package. Tribes believe that CMS has made a significant policy change regarding Medicaid waivers for American Indians and Alaska Natives and that CMS is providing a new interpretation of the law that no longer represents the government-to-government relationship that has been established. RD Clarno facilitated several meetings, both internally and externally, regarding this issue to get all of the parties together to discuss potential solutions.

ASSISTANT SECRETARY FOR BUDGET, TECHNOLOGY AND FINANCE (ASBTF)

On May 12-13, 2004, the ASBTF co–hosted the sixth annual Department-wide tribal budget consultation meeting as a step in the development of HHS's FY 2006 budget request. This meeting was attended by some thirty Tribal Leaders as well as other Tribal representatives including the National Congress of American Indians, the Tribal Self-Governance Advisory Group, the National Indian Health Board, the National Council of Urban Indian Health, the Chickasaw, Navajo, Cherokee, Lumni, Quinault and Tohono O'odham Nations; the Seldovia Native Association, and the Chippewa Cree, Lone Pine Paiute Shoshone and Winnebago, Indian Tribes. The May 12 session was devoted to discussion of policy issues including Tribal eligibility for SAMHSA Access to Recovery grants, implementation of drug benefits or Tribes included in the Medicare Modernization Act, and the new regulations implementing Tribal Child Support programs. The May 13 session focused specifically on consultation on the development of the Department's FY 2006 budget request. Tribal representatives made presentations on topics such as: Indian health (including development of a health research agenda), TANF, Head Start, Child Welfare recruitment of health professionals, environmental health, substance abuse issues, elders/aging issues and Urban Indian health.

ASBTF did not conduct any other consultations. Principal Deputy Assistant Secretary Weems attended the Tribal Consultation Session for Regions I, II and IV (April 14-15, Nashville, TN) and the IHS/Tribal/Urban National Budget Workshop (Washington, DC area, April 28-29). Nick Burbank represented the Principal Deputy Assistant Secretary at the 1st annual meeting of Direct Service Tribes (June 1-4, Phoenix, AZ). Staff also participated in the development of revisions to the Department's Tribal Consultation Policy.

ASSISTANT SECRETARY FOR PLANNING AND EVALUATION (ASPE)

ASPE representatives attended the HHS budget consultation meeting, but did not conduct any specific consultations with Tribes pertaining to the FY 2004 budget.

An ASPE representative attended the Tribal Self-Governance Conference sponsored by the Self-Governing Tribes in October 2003 in Palm Springs, California. Approximately 150 Tribal members attended this conference. The ASPE representative provided a status report and summary information about the Tribal Self-Governance Evaluation Feasibility Study to the conference participants**.** This study, funded by ASPE, examined ways in which DHHS and Tribes could most effectively evaluate Tribal management of health and social service programs under Self-Governance.

As part of the study noted above, the contractor conducted three small group discussions at the Tribal Self-Governance Conference in Palm Springs, California in October, 2003 and the National Congress of American Indians in Albuquerque, New Mexico in November, 2003. Approximately 30 Tribal members participated in each of these discussions. The purpose of these meetings involved sharing study findings and obtaining feedback from the participants.

The Department worked closely with Tribal leaders and representatives in conducting the study described above. The small group discussions noted above provided Tribal feedback and response to preliminary study findings, and this information was used to inform the study team prior to finalizing reports. The study also included site visits to six volunteer Tribes in Alaska, Washington, Oklahoma, Michigan, Minnesota, and Arizona. The study was completed in March 2004, and findings indicated that an evaluation of both the IHS and any potential demonstration of non-IHS programs is feasible. There are three levels of evaluation modeled in the final report ranging from intense and expensive to minimal and less expensive. Study results are posted on the web at: http://aspe.hhs.gov/SelfGovernance.

During FY 2004, the OASPE has been engaged in its annual research planning process. ASPE staff from both the Office of Health Policy and the Office of Human Service Policy has met with the ASPE to discuss and plan its research agenda that included projects pertaining to Tribes. These discussions have resulted in several projects; for example, the Barriers to AI/AN/NA Access to HHS Programs study and the Best Practices Project in Health Services that are described in Part III, Section 6 of this report.

ASPE along with IGA, AHRQ, IHS and NIH have identified that there are insufficient processes for ensuring Departmental collaboration on research pertaining to AI/AN health. ASPE along with IGA, AHRQ, HIS and NIH are proposing the formation of a Departmental AI/AN Native Health Research Advisory Group. This group is in the planning stages and has not yet been approved.

ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)

Twice within FY 2004 ANA coordinated and participated an ACF Tribal Consultation session. [Dec 2003 & Sept 2004] ANA, Children's Bureau, Family and Youth Services Bureau (FYSB), Head Start, Office of Community Services (OCS), Office of Child Support Enforcement (OCSE), and Temporary Aid for Needy Families (TANF) participated in the May 12 and 13th, 2004 6th Annual Tribal Budget Consultation Session in Washington, D.C.

All ACF Programs participated in the ACF Tribal Consultation in Phoenix, Arizona in December 2003. ACF invited all tribal communities, Native non-profits, and urban Indian centers to participate in this first-ever agency wide tribal consultation session. Tribal representatives worked with the National Congress of American Indians (NCAI) to develop an agenda that reflected the priorities of tribal communities and to propose speakers, preferably tribal leaders, who could give testimony on the critical issues identified. Elected Tribal officials, heads of Native American organizations, tribal staff, ACF senior officials and staff attended the consultation.

ANA, Children's Bureau, FYSB, OCS, OCSE participated in the ACF Tribal Consultation held in Washington, D.C. in September 2004.

Children's Bureau (CB)

The Child and Family Services Review (CFSR) staff met with Tribal representatives on Tuesday, June 29, 2004 at the "Evidence Based Practice" Conference held with States and Tribes at the Marriott Wardman Hotel. We sought input of Tribes regarding Tribal participation in the process of reviewing state adherence to child welfare performance standards. Many tribal representatives, mostly Directors of Tribal Social Services, were in attendance as well as Federal CFSR staff, Central Office and Regional Office staff.

The comments will be taken into consideration as the Child and Family Services Review (CFSR) instrument is reviewed and as the staff prepare for a second round of reviews.

The Regional Offices are available for technical assistance for individual tribes. The Children's Bureau also funds numerous Resource Centers to offer technical assistance to Tribes. Our reports show Tribal utilization in numerous Child Welfare related subjects to numerous Tribes. ACF also released a report describing Tribal implementation of the Promoting Safe and Stable Families program.

The Children's Bureau issues an annual Program Instruction (PI) to States regarding the requirements of the Child and Family Services Plans (CFSP), which are necessary in order to receive funding. Included in that PI are the following directions: "**Coordination with Tribes**: The State must provide a description, developed in consultation with Indian Tribes in the State, of the specific measures the State uses to comply with the Indian Child Welfare Act. In addition, the CFSP must describe the arrangements, jointly developed with the Indian Tribes within its borders, made for the provision of the child welfare services and protections in section 422(b)(10) of the Act to Indian children under both State and Tribal jurisdiction." Tribes, who

are also required to have an approved CFSP in order to receive funds, also receive a yearly PI, which requires them to consult with States.

The Children's Bureau has included an Indian Child Welfare Conference for FY 2005 in its meeting schedule. It will be held in conjunction with the State/Tribal CFSR meeting; however plans have not been finalized. Generally, the beginning step of the conference is to invite individual Tribal Directors of Social Services to participate in a conference planning committee so that the most relevant issues are covered at the conference. The Children's Bureau will include a planning committee for the next conference in FY 2005 as well.

The Children's Bureau's Office of Child Abuse and Neglect (OCAN) hosts a Federal Interagency Work Group on Child Abuse and Neglect which meets quarterly. Several of the members are tribal representatives from their agencies such as Public Health Services, Justice, Labor, HUD, etc. These representatives have met as needed to address tribal issues.

Office of Child Support Enforcement (OCSE)

The Office of Child Support Enforcement presented at the *ACF National Native American Conference* in Phoenix, Arizona on December 2 - 3, 2003 on the Gaming Off set proposal submitted in the 2005 President's Budget. This proposal was to off set gaming winnings for outstanding child support obligations owed by the gaming recipient. The consultation was the final meeting of five Gaming Off set meetings held in FY 2003. The attendees were Tribal Leaders, Tribal program staff, and Federal representatives. The tribes in attendance were: Spokane Tribe, the Confederated tribes of Colville, the Tlingit – Haida Indians of Alaska, the Eastern Band of Shosone, the Grand Ronde Tribes, the Chickasaw Nation, Port Gamble S'Klallam Tribe, Lummi Nation, the Navajo Nation and the Puyallup Tribe.

The OCSE Commissioner participated in the "Programs Overview & Senior Leadership" portion of this conference in which she responded to concerned voices about the Child Support Enforcement Program. This was an important part of the consultation process. OCSE also conducted a workshop entitled "Introduction to the Federal Tribal Child Support Enforcement Program". This consisted of an overview of the program and an opportunity for interested tribes to ask questions about the process for application for funding.

On Tuesday, March 30, 2004, the Final Rule on Tribal Child Support Enforcement Programs 45 CFR, Part 309 was published in the Federal Register. With the publication of the Final Rule, the Division of Special Staffs, Office of Child Support Enforcement organized a National Final Rule Roll-out Meeting schedule for all Federally recognized American Indian and Alaska Native Tribes to receive information on the application process of this new HHS Program. After close consultation with American Indian and Alaska Native leaders, the following meeting places and dates were identified as opportune:

- Milwaukee, WI—March 31 and April 1, 2004; during the State/Tribal cooperation workgroup meeting, OCSE presented the newly published regulation to current grantees and their state counterparts. Federal staff and state staff were in attendance as were the tribal representatives of the Chickasaw Nation, the Sisseton-Wahpeton Sioux Tribe, the Navajo Nation, the Puyallup Tribe of Indians, the Port Gamble S'Klallam Tribe, the Menominee Tribe of Indians of Wisconsin, the Lac du Flambeau Tribe, the Lummi Nation, and the Forest County Potawatomi Community.

- Window Rock, AZ—April 26, 2004; OCSE met with the Navajo Nation during a Tribal TANF meeting to discuss the final regulation and its impact on the tribe's TANF program.

- Seattle, WA - June 21-22, 2004; Federal and state staff were in attendance and the Spokane Tribe, the Confederated tribes of Colville, the Tlingit – Haida Indians of Alaska, the Eastern Band of Shosone, the Grand Ronde Tribes, the Chickasaw Nation, Port Gamble S'Klallam Tribe, Lummi Nation, and the Puyallup Tribe.

- Prior Lake, MN - June 24-25, 2004; Federal and state staff were in attendance. The tribes in attendance were: The Red Lake Band of Chippewa, Bois Forte Reservation, Chippewa Indians, the Omaha Tribe, Cherokee Tribe, the Chickasaw Nation, the Rosebud Sioux Tribe, the Menominee Indian Tribe of Wisconsin, the Bad River Band of Chippewa, the Lac du Flambeau Tribe, the Menominee Indian Tribe of Wisconsin, the Forest County Potawatomi Community, the Chickasaw Tribe, Sisseton-Wahpeton Oyate Sioux Tribe, and the Potawatomi Tribe.

- Albuquerque, New Mexico - The National Tribal Child Support Enforcement Association Annual Conference, July 18 – 22, 2004; In attendance were Federal officials, and state officials. The tribes in attendance were: The Fort Peck Tribe of Montana, the Navajo Nation, the Yavapai Tribe, the Zuni Tribe, The Menominee Tribe, San Juan Pueblo, The Tlingit-Haida Tribe, the Puyallup Tribe, the Chickasaw Tribe, the Lummi Tribe, Quinault Nation, Oneida Tribe of Wisconsin, White Mountain Apache.

- Palm Springs, California - The National Child Support Enforcement Association 53rd Annual Training Conference and Expo, August 1 – 5, 2004. The workshop presentation was a Roll-out/Consultation event for both Tribal and Child Support Enforcement attendees. Federal, state and local government staffs were in attendance. The tribes represented were: the Prairie Band of Potawatomi of Kansas, the Eastern Band of Shosone of Wyoming, the Keweenaw Bay Indian Community, Minnesota, the Quechan Indian Tribe, Winterhaven, California, the Sisseton-Wahpeton Oyate Sioux Tribe, the Keweenaw Bay Tribe of Chippewa, the Quechan Indian Tribe, and the Navajo, Nation, the Chickasaw Tribe, the Colville Tribe, and the Prairie Band Potawatomi Nation.

- Washington, DC – Thursday and Friday, September 23 and 24, 2004; Federal and state staff were in attendance. The tribal participants included: Red Lake Band of Chippewa, Bois Forte Reservation, Chippewa Indians, the Omaha Tribe, Cherokee Tribe, the Chickasaw Nation, the Rosebud Sioux Tribe, the Menominee Indian Tribe of Wisconsin, the Bad River Band of Chippewa, the Lac du Flambeau Tribe, the Menominee Indian Tribe of Wisconsin, the Forest County Potawatomi Community, the Chickasaw Tribe, Sisseton-Wahpeton Oyate Sioux Tribe, and the Potawatomi Tribe.

Office of Community Services (OCS)

In FY 2004, OCS included tribal grantees and potential tribal grantees in meetings/conferences it held on OCS grant opportunities and addressing poverty in the 21st Century. Also, OCS included tribal grantees in program-specific conferences and meetings for OCS grantees. OCS worked with tribal representatives and Washington University's Center for Social Development on assets accumulation for Native Americans, with the goal of increasing opportunities for effective asset building in Native American communities; this on-going consultation and coordination ties in with OCS's Assets for Independence/Individual Development Accounts program.

Temporary Assistance for Needy Families (TANF)

- P.L. 102-477 Tribal Working Group Meeting, October 28-29, 2003, Washington, DC – TANF and Native Employment Works (NEW) program staff participated in discussions pertaining to programs, reporting, reauthorization, and introduced and reviewed the draft of a new TANF financial reporting document.

  Attendees included Bureau of Indian Affairs staff, various Tribes with 477 programs, Office of Family Assistance (OFA)/Division of Tribal TANF Management (DTTM) and Child Care Development Fund program staff, and Department of Labor staff.

  In addition, OFA/DTTM TANF and Native Employment Works (NEW) program staff participated in and conducted Tribal TANF and Native Employment Works program workshops, including informal consultation on various issues.

- Bureau of Indian Affairs (BIA) National Regional Social Workers Training Conference, May 3-6, Albuquerque, New Mexico – one DTTM Tribal TANF staff person conducted a

review of Tribal TANF regulations for BIA's Regional Social Workers, a discussion on crosscutting TANF and BIA General Assistance issues and policies. Attendees included BIA Social Services Staff and Regional Social Workers and related staff.

- ACF Region IX Tribal Grantees Meeting, August 10-11, 2004 San Francisco, California – DTTM Tribal TANF staff conducted a consultation discussion session on a draft Program Instruction on Tribal service areas. Attendees included Tribal TANF grantees from California and Arizona.

- OFA/DTTM meeting with California Tribal TANF grantees and the California Nevada Tribal TANF Association on issues related to the State role in establishing Tribal TANF service areas. Attendees included Tribal TANF grantees in the State of California and TANF Association staff.

Administration for Native Americans (ANA)

- December 2, 2003 – ANA coordinated and participated in the first ACF Tribal Consultation Session held in Phoenix, AZ.
- September 20, 2004 – ANA coordinated and participated in the requested follow-up Tribal Consultation session. The 60-day comment period concluded November 19, 2004. The executive summary and ACF program office response is in the approval process and will be available for posting to the ACF website by January 2005.

Family Youth Services Bureau (FYSB)

FYSB included a 5% set-aside for Tribes in its Mentoring Children of Prisoners Program. This provision was included in a very short turnaround time; consultation for the purposes of this grant funding opportunity may have delayed or prohibited this grant program from being funded in FY2004. FYSB did, however, notify tribal governments and tribal organizations about this funding opportunity and invited Tribes to participate in regional T/TA meetings.

ADMINISTRATION ON AGING (AoA)

The AoA Central Office participated in the HHS Budget Consultation held in Washington, D.C. and the AoA Regional Offices helped plan and took part in all the HHS Regional Office Budget Consultation meetings during FY 2004. In addition to Regional Office participation, AoA Central Office staff took part in the Regions I, II, and IV Budget Consultation meeting held in Nashville and the Region VIII Budget Consultation meeting held in Billings.

AoA held three Tribal Listening Session consultation meetings during FY 2004 to provide an opportunity for Tribal leaders, health and human services program staff, and AoA to engage in discussions and consultation on issues that impact the lives of older American Indians, Alaska Natives and Naïve Hawaiians. AoA was particularly interested in hearing from the Tribes about:

- What are Tribal issues for reauthorization of the Older Americans Act (OAA)?
- What can the Aging Services Network do to empower older people and their families to make informed decisions about their care options?
- How can the Aging Services Network build on the early success of the Native American Caregiver Support Program and expand access to information, make services more consumer-friendly, and allow caregivers more choices?
- What innovations occurring at the Tribal, state, and local levels are related to service access and delivery that could act as models for Tribes, states, and communities across the country?

Listening Sessions were held in Reno, Nevada, on October 29, 2003, in Phoenix, Arizona, on February 25, 2004 and in Rapid City, South Dakota, on April 28, 2004. Participants were able to take part in the Listening Session by either: presenting oral testimony; submitting written testimony; or responding as an audience member. The Reno Listening Session included 61 participants with 13 individuals representing 13 Tribes/Tribal and Indian organizations providing oral and written testimony. The Phoenix Listening Session included 118 participants with 17 individuals representing 16 Tribes/Tribal and Indian organizations providing oral and written testimony. The Rapid City Listing Session included 120 participants with 16 individuals representing 14 Tribes/Tribal and Indian organizations providing oral and written testimony.

In addition to the Tribal Listening Session in Rapid City, the Assistant Secretary on Aging visited the Rosebud and Pine Ridge Reservations. She invited the Commissioner for the Administration for Native Americans and the eldercare coordinator for the Indian Health Service to accompany her on the site visits. They met with the elected Tribal leadership, health and human services staff, and Tribal elders and discussed issues affecting the older population on both reservations.

The information from all three Listening Sessions is being used to develop ongoing training and technical assistance, highlighting promising practices, and furthering coordination and collaboration with other agencies and organizations. An immediate outcome is the reduction of the number of reports required from the grantees. Based on input from the Tribal Listening

Sessions, AoA has reduced the reporting requirement from every six months to every twelve months.

Although AoA did not directly assist states in the development and implementation of mechanism for consultation, State Agency on Aging offices were invited to the three Tribal Listening Sessions. State Agency staff from Nevada attended the Reno session; State Agency staff from Arizona and New Mexico attended the Phoenix session; and State Agency staff from Utah, Wyoming, North Dakota, and South Dakota attended the Rapid City session.

AGENCY FOR HEALTH CARE RESEARCH AND QUALITY (AHRQ)

AHRQ actively participated in the May 2004 National Tribal Budget consultation which took place in Washington, D.C. AHRQ's Director, Dr. Carolyn Clancy, represented the Agency at the consultation session, responded to the testimony offered by the senior AI/AN leader, and suggested ideas regarding how the Agency might address the issues raised.

In January 2004, the Director, AHRQ, and lead staff member on AI/AN activities in AHRQ, Wendy Perry, met with the Chairperson (Sally Smith) and Executive Director (J.T. Petherick), National Indian Health Board (NIHB), to discuss AHRQ's work focusing on AI/ANs; the meeting was held at AHRQ's building in Rockville, Maryland. Ms. Smith suggested that AHRQ consider forming an AI/AN technical advisory group to provide input on the Agency's future directions/work to benefit AI/ANs and stated that better data is needed on the health and health care systems serving AI/ANs. We also discussed the first National Healthcare Disparities Report (NHDR) that AHRQ issued shortly before the meeting.

As a result of the National Budget Consultation Meeting and the January 2004 meeting with senior NIHB leaders:

AHRQ staff has been exploring approaches for developing a technical advisory group as suggested by Ms. Smith. Formation of such a group would also be responsive to a recommendation made at the National Tribal Budget Consultation that AHRQ undertake efforts to build on the previous efforts of the Agency and the Indian Health Service (IHS) in 1996 to develop an AI/AN health services research agenda.

The Director of the NHDR made a presentation to the whole NIHB on the report.

AHRQ is exploring the appropriateness of distributing a newly developed DVD on combating childhood obesity in Indian country; AHRQ and Discovery Communications made the DVD. NIHB and IHS staff is now previewing the DVD and will provide feedback to AHRQ on its suitability for distribution in Indian country.

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) and AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY (ATSDR)

CDC

In May 2004, the Centers for Disease Control and Prevention (CDC) and Agency for Toxic Substances and Disease Registry (ATSDR) participated in the Department of Health and Human Services (HHS) Sixth Annual Tribal Budget Consultation Meeting with American Indian/Alaska Native (AI/AN) held in Washington, D.C.

CDC senior staff participated in each HHS Regional Tribal Consultation session held in 2004 and also attended the HHS Annual Tribal Budget Consultation session in Washington, D.C.

The CDC Tribal Consultation Initiative, an agency-wide effort to respond to Departmental directives and Executive Orders to establish official policy on tribal consultation, was concluded with three key recommendations that are currently under review by the Director, CDC:

1. Adopt a newly revised CDC Tribal Consultation Policy.
2. Establish an organizational unit within OD to guide and monitor AI/AN programs across the agency.
3. Commit CDC leadership to at least annual visits to Indian country.

- The primary components of the revised Consultation Policy are:
  - Establishment of CDC Tribal Consultation Committee composed of tribal leaders and/or their designees.
  - Commitment to ongoing CDC participation in all HHS Regional and National Consultation Sessions.
  - Procedural guidance to CDC staff on working effectively with AI/AN communities, including guidance on federal consultation procedures, promoting state-tribal consultation, and increasing tribal access to CDC programs.

- In July 2004, CDC's Director, Dr. Julie Louise Gerberding, and her executive leadership group met with tribal leaders of the National Indian Health Board's (NIHB) Executive Council. In addition to NIHB staff, in attendance were elected tribal leaders from the Alaska Native village of Dillingham, the Winnebago Tribe, the Oneida Nation of Wisconsin, and the Poarch Band of Creek Indians.
  - Outcome: This meeting served to strengthen lines of communication between NIHB, tribal leaders, and CDC leadership and has resulted in a plan to formalize NIHB-CDC partnerships to address a number of public health issues in Indian country.

- In December 2003, NCHSTP/DHAP (acronyms in Appendix) hosted a meeting in Atlanta with AI/AN community-based HIV/AIDS prevention experts to discuss plans to establish a Native Peoples' Alliance as part of DHAP's National HIV/AIDS Partnership activity. Attendees were from the Inter Tribal Council of Arizona, Navajo AIDS Network, Association of American Indian Physicians, Indigenous Peoples' Task Force

HIV/AIDS Programs, Alaska Native Health Board, National Native American AIDS Prevention Center, and IHS.
  - Outcome: AI/AN spokespeople and leaders from businesses and associations, civic and social organizations, and faith-based organizations will be recruited to participate in the Partnership; endorsements have been secured from individuals such as Wes Studi, Floyd Red Crow Westerman, Tex Hall, and Wilma Mankiller; enhanced outreach to AI/AN business and health organizations has been incorporated into the National HIV/AIDS Partnership strategy.

- With NIHB assistance, NCHSTP hosted a teleconference with tribal representatives (March 2004) to exchange ideas regarding the development of a program to build local capacity to control STDs in Indian country. Meeting attendees included representatives from the Alaska Native Health Board, Albuquerque Area Indian Health Board, Oneida Nation, Montana/Wyoming Tribal Leaders Council, California Rural Indian Health Board, Navajo Nation, Inter Tribal Council of Arizona, Northwest Portland Area Indian Health Board, and Oklahoma City Area Inter-Tribal Health Board.
  - Outcome: A program announcement for competitive applications was announced in FY 2004. Eligible applicants were limited to tribal governments and organizations, inter-tribal consortia, and urban Indian health programs. Awards went to the Navajo Nation ($253,836) and the Northwest Portland Area Indian Health Board ($210,000).

- CDC/DDT/NDPC (Gallup, NM) and IHS sought informal feedback from members of the Tribal Leaders Diabetes Committee on the first of a series of four "Eagle Books" for children. These consultations took place in May 2004: Phoenix, Arizona; Seattle, Washington; Minneapolis, Minneapolis; Oklahoma City, Oklahoma.
  - Outcome: The first book, "Through the Eyes of the Eagle," (by Georgia Perez), is designed for children in grades K-4 to help promote diabetes prevention and health promotion and will be available December 2004.

- CDC/OTPER Tribal Liaison Officer and other CDC staff participated in a series of regional/national meetings with tribal leaders, state and county health officials, other federal representatives, and, in some cases, health officials from Canada and Mexico to facilitate broader tribal participation in terrorism preparedness activities. In addition to a listening session at the NIHB Annual Consumer Conference in St. Paul, Minnesota, other meetings and consultation sessions were held in Atlanta, Georgia; Flandreau, South Dakota; Ft. Lauderdale, Florida; Louisville, Kentucky; Nashville, Tennessee (HHS Regional Tribal Consultation); Phoenix, Arizona; Rapid City, South Dakota; Sells and Tucson, Arizona; and Whitefish, Montana. Tribes represented included Catawba, Crow, Gila River, Lakota, Miccosukee, Poarch Band Creek, Salish Kootenai, and Seminole, among many others.
  - Outcome: These sessions allowed CDC/OTPER staff to gain a better understanding of bioterrorism/preparedness issues in Indian country, and to discuss strategic planning to ensure that states are applying federal resources in ways that meet the needs of tribal nations. These and earlier discussions were instrumental in securing supplemental funding to address tribal preparedness along the US-Mexico and US-Canada borders.

- CDC is facilitating formal working relationships between the network of Tribal and Urban Indian Epidemiology Centers and the Council of State and Territorial Epidemiologists; a new working group met in Seattle (August 2004) that will promote stronger epidemiologic cooperation between tribal health programs, state/county health departments, and federal public health agencies.

ATSDR
Overall, ATSDR worked on 20+ sites where Tribal Governments and organizations are consulted when a public health assessment or a public health consultation is developed.

On May 6, 2004 ATSDR met with eight of the 10 tribes potentially impacted by the Tar Creek Superfund site at the Miami, Oklahoma Civic Center to discuss issues related to the sharing of tribal sensitive data with ATSDR and future tribal public health assessment activities at the site. The Tribes in attendance for this Tar Creek Meeting were: Peoria Tribe, Quapaw Tribe, Ottawa Tribe, Shawnee Nation, Seneca Cayuga, E Shawnee Tribe and Wyandotte Nation.

A closer partnership between ATSDR and the Tribes was established which is critical as we move through the development of public health assessment and related research and education activities.

- Addressed Tribal concerns about ATSDR attendance at regional consultation meetings.
- Reaffirmed ATSDR's commitment to the enhancement of the Tribal Environmental Health Education Program (TEHEP)
- Explained funding reductions and redistribution.
- Discussed issues related to the sharing of tribal sensitive data with ATSDR and future tribal public health assessment activities at the site.

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Both CMS Central and Regional Offices participated in the Budget Consultation meetings convened by HHS during which the overriding CMS-related issues raised involved technical and financial assistance needed to implement the Medicare discount drug card in tribal communities and assistance required to implement other reforms made by the new Medicare Modernization Act (MMA). CMS Central Office also held consultations with the Tribal Technical Advisory Group (TTAG) on the agency's FY '05 and '06 tribal budgets as proposed by the External Affairs Office. These consultations subsequently led the TTAG to adopt a resolution supporting the proposed budgets, which included among other items, funding to support: the TTAG's work; outreach activities to implement MMA; and the tribal satellite network. Our consultation efforts also resulted in the TTAG obtaining FY 04 funding to begin development of a CMS tribal strategic plan that will help guide us in determining tribal priorities as we proceed to address the issues.

CMS' Central Office conducts consultations primarily with the TTAG, comprised of tribal leaders or their designated employees acting on their behalf. A TTAG representative and an alternate have been designated for each IHS area designation and for the National Indian Health Board and the Tribal Self Governing Advisory Committee. IHS also participates in each of these consultations. Generally the consultations are held with the CMS program issue experts. Consultations with the TTAG and IHS were held as follows:

TTAG in-person meetings were held in Washington, D.C. at the HHH Building.

February 10, 2004 – Key issues discussed: Election of TTAG officers; establishing a Medicare and Medicaid outreach and education strategy for tribal communities; and the implications of MMA for tribal communities.

May 25-27, 2004 – Key issues discussed: Outreach and education in tribal communities for the Medicare discount drug card, development of contracts for IHS and tribal providers' participation in I/T/U Medicare discount drug card program; development of a CMS tribal strategic plan; CMS' tribal budget for FY 05 and the budget formulation process for FY 06; actions to implement MMA provisions governing Medicare-like rates and undocumented aliens; establishment of AI/AN team in CMS; and actions taken on pending issues, including Medicaid administrative matching, equitable relief for tribal members enrolling late into Medicare Part B, Alaska and Washington Medicaid appeals, and drugs purchased from the Federal supply schedule.

September 22-23, 2004 – Key Issues discussed: Increasing effectiveness of TTAG; status of contracts for IHS/Tribal providers participation in the I/T/U Medicare discount card program; monitoring outcomes, enrollment and collections under the I/T/U Medicare discount drug card program; draft regulations for Medicare Parts C and D; and MMA provisions governing Medicare preventive benefits, expansion of Medicare part B services reimbursable to I/T/Us and Medicare-like rates.

Monthly conference calls were held with the TTAG and IHS to follow up on the issues rose during the in-person meetings and to address new issues that emerged since the in-person meeting. The TTAG also established and convened a number of Subcommittee meetings to help CMS work through specific issues and to gain a better understanding of the impact of proposed policies on tribes. Many of the Subcommittees were established to address MMA issues such as outreach and education for the Medicare discount drug card, Medicare like rates, implementation of the Medicare part B expansions, and funding to cover health costs of undocumented aliens.

Regional consultations -- CMS' current consultation policy, developed in 2000, delegates primary responsibility for consultations to the Regional Offices to permit them to build and maintain relationships with tribes within their respective region. A summary of those consultations follows.

Region I - September 28-29, meeting of the Northeast Consortium for Native Americans at Mashantucket Pequot Tribal Nation in CT. Purpose: Coordinate available resources that can produce positive health care and educational outcomes for tribes in the northeast respecting suicide prevention, diabetes and the health care needs of the specific tribes in Region I.

Region II – October 2003, January 2004, April 2004, and July 2004
Consultation teleconference calls between New York State, Tribal Medical Directors and representatives of the Oneida, Seneca and St. Regis Mohawk and the American Indian Community House Urban Center and other interested parties such as VA, AOA or FDA. Purpose: Address operational and policy issues regarding SCHIP enrollment data, pay & chase issues, HIPAA compliance and claims processing issues and managed care issues.

Region IV - April 14, 2004, the HHS Regional Directors for Regions I, II and IV convened a one and half day Tribal consultation session. Forty-two Tribal members representing 16 of the 24 Tribes belonging to USET participated. Forty-six HHS representatives attended. Purpose: Discuss topics identified by tribes, including impact of MMA

Region V- January 21, 2004, meeting with Michigan's Tribal Health Directors.
Purpose: Clarify and provide information on (1) how the Indian/Tribal/Urban (I/T/U) pharmacies would benefit from the drug discount card and (2) section 506 of MMA, requiring all Medicare-participating hospitals to accept no more than the Medicare-like rates from the Indian health programs as payment in full.

May 19, 2004, CMS, State, and tribal representatives health work group meeting/tribal consultation forum. Purpose: Discuss health care initiatives, including ways to enroll more tribal providers as Medical Assistance providers, a proposed pilot project to provide pharmaceuticals and long term care services to Indian, State legislative initiatives, and the Medicare discount drug card program.

Region VI – April 8, 2004 CMS meeting in Oklahoma City, Oklahoma with First Lt. Governor and Tribal Councilman, Laguna Pueblo; Tribal Councilman, Osage Nation; President, Pawnee Nation & Executive Board; Principal Chief, Sac and Fox Nation; Indian Health Service Area Directors for Oklahoma City & Albuquerque. Other participants included

Arkansas State Medicaid representatives, CMS Regional and Central Office staff, and a Trailblazer Health Enterprises representative. Purpose: Follow-up consultation meeting

Region VII - April 23-24, 2004 HHS Region VII Tribal Consultation Meeting with the HHS Regional Director at Haskell Indian Nations University. Purpose: CMS' portion of the meeting addressed MMA and its impact on Indian health, and address program policy and operational issues involving funding streams, policies and certification process for providers, Medicare reimbursement for rural providers, Medicaid spend-down and Medicare group payer.

Region IX - July 8, 2004 meeting with White Mountain Apache. Meeting participants included Chairman Massey and 3 staff, HHS Regional Director, the CMS Native American Contact, Region IX, and Medicaid program managers from Region IX. Purpose: Discuss with Chairman Massey and 3 staff their proposed long term care project.

Region X - March 25, 2004 meeting in Portland, Oregon included the 45 federally recognized tribes in Washington, Oregon and Idaho as well as the 229 tribes/villages of Alaska. In addition to Tribal leaders and administrators, HHS, Operating Divisions, IHS (Portland and Alaska), Northwest Portland Area Indian Health Board and Alaska Area Indian Health Board participated. Almost 100 people attended. The two primary CMS issues discussed were Tribal proposed Policy change for Medicaid 1115 waiver requests and formal approval and implementation of TTAG.

Given the tribal community's requests for more information and technical assistance to help implement the Medicare discount drug card, CMS worked with IHS and the TTAG to provide training to tribal providers and the patient benefits coordinators and pharmacist in each IHS area through and intra-agency agreement that CMS entered into with IHS. Culturally appropriate materials, including fact sheets, posters, and power point presentations were prepared and distributed and posted to CMS' website to educate the community about the program in an effort to encourage enrollment. To ensure ample providers participated in the program, CMS, IHS, the TTAG and the drug card sponsors worked collaboratively to develop contracts to facilitate the providers' enrollment with the I/T/U drug card sponsors. To further encourage enrollment in the program, CMS held an open door forum with the Tribes and IHS to address their issues and concerns about the Medicare discount drug card. A live satellite broadcast was also conducted in Indian county to permit beneficiaries and others to call into CMS to get their questions about the discount card address on the air. All these efforts lead to the successful launch of the program on October 13, 2004.

The TTAG also had a number of concerns about on the Medicare Advantage program (Part C) and the Medicare Drug Card Program (Part D). CMS has discussed these issues with the TTAG during various meetings. We have also held an open door forum to discuss the proposed regulations addressing Parts C and D of Medicare to help the tribal community to clearly articulate their concerns to CMS during the comment period for the proposed regulation. A follow-up conference was held with the TTAG to help CMS better understand the tribes concerns when drafting the final regulation.

The consultation activities described above for the Regional Offices resulted in strengthening CMS' relationship with the tribes and IHS. Most of the regional consultation activities responded to identified needs and requests made by tribal leaders, and health directors. On-going technical assistance and support to Indian country have been crucial in improving the tribes and IHS' view of CMS as a trusted resource. Outreach and education efforts to Indian Country have been very successful and have helped tribes realize, to some extent, the potential of CMS programs. The trainings that the Regions conducted for the Medicare drug discount card provided a first time opportunity for CMS/IHS and tribes to work together to implement a program. The trainings also provided a needed venue for tribes and IHS to get their issues addressed promptly and to make contacts with in CMSM who can help them work through issues as they arise.

INDIAN HEALTH SERVICE (IHS)

During FY 2004 as the FY 2006 budget request was formulated, the IHS engaged in extensive consultation with Tribal and Urban program leadership. Each of the 12 IHS Area Offices sought consultation on determining Area-wide health priorities and budget recommendations for FY 2006. The 12 sets of Area priorities/recommendations were then reviewed and discussed at a national consultation session held in late April. The outcome was one set of national Tribal/Urban health priorities and budget recommendations for FY 2006, which guided the agency's decision making throughout the remainder of the formulation process.

The IHS also convened a meeting in August to consult with the Tribal/Urban Budget workgroup on improving the formulation process for FY 2007. The previous year's process was evaluated and a set of recommendations was developed for planning and implementing the FY 2007 process.

National Indian Health Board (NIHB) Meetings
The NIHB is a source of ongoing advice and consultation to the IHS on a variety of matters affecting the IHS budget, national Indian health delivery issues, collaborations with State governments and other Federal agencies, etc. The NIHB Board of Directors met formally with IHS officials four times during fiscal year 2004 and its staff was the source of continuing consultation and advice to IHS during FY 2004. The NIHB also conducted its annual consumer conference during the fiscal year which serves as a forum for tribal leaders and IHS, Federal, and State officials to discuss and collaborate on issues of importance to Indian tribes.

HHS/IHS Tribal Consultation Policy Revision Workgroup
In FY 2004, the IHS, in partnership with the Office of Intergovernmental Affairs in HHS, undertook a review of the current Tribal Consultation Policies in both DHHS and IHS. The focus of this review was the OS/IHS Tribal Consultation Policy Revision Workgroup which was comprised of tribal leaders and representatives from throughout the country. During FY 2004, the Workgroup met twice (and held numerous conference calls) to review and recommend revisions to both policies. Policy changes recommended by the Workgroup were forwarded to all Tribes and others on October 1, 2004, for review and comment. The Workgroup will reconvene in FY 2005 to review public comments and make recommendations for adoption of a revised HHS and IHS tribal consultation policy to the Secretary, HHS, and the Director, IHS, respectively.

Tribal Delegation Meetings
The IHS receives visiting delegations of tribal governmental representatives to its Headquarters operation throughout the year. These delegations are comprised of leaders and representatives who consult with IHS officials on a variety of issues (e.g. environmental health problems, funding needs, health service delivery needs, etc). There were over 50 tribal delegation visits to IHS Headquarters in 2004. In addition, the Director and his staff frequently consult with individual tribal delegations throughout the country at conferences, meetings, etc. During FY 2004, the IHS implemented an improved system to track follow-up commitments made by the Director or Agency staff to tribal leaders as a result of these tribal delegation meetings.

The Indian Health Service/Tribal Contract Support Cost Workgroup (CSCWG)
The Indian Health Service/Tribal Contract Support Cost Workgroup (CSCWG) was established for the purpose of consulting with Federal and Tribal representatives on all issues concerning contract support costs. The CSCWG does not have a regular scheduled meeting time but instead meets on CSC issues as required.

The CSCWG met twice in FY 2004 to examine potential changes to current policy concerning the administration of CSC and how they are allocated to tribes and tribal organizations. These meetings resulted in a proposed IHS CSC policy (i.e. a revision to current policy) being disseminated throughout Indian country for review and comment. The CSCWG met to review public comments to the proposed policy and ultimately recommended the adoption of a revised IHS CSC policy (IHS CSC Circular 2004-03), which was signed by the Director, IHS, on September 1, 2004.

Consultation on Title V of Tribal Self-Governance Amendments (P.L. 106-260)
The Final Rule for P.L. 106-260, the Tribal Self-Governance Amendments was published in the Federal Register on May 17, 2002. In FY 2004, the Final Rule was presented and discussed at the Fall and Spring Self-Governance conferences. The Office of Tribal Self-Governance (OTSG), the Tribal Self-Governance Advisory Committee (TSGAC), which is comprised of tribal leaders, and the TSGAC Technical Workgroup provided guidance to the Director, IHS, on implementation issues concerning Title V on a regular basis. The Report to Congress required in P.L. 106-260 has been developed and submitted to the Self-Governance Tribes for comment before it will be submitted to the Director, IHS, for consideration. Further, the TSGAC and its Technical Workgroup have been evaluating various data tools to meet the annual health status reporting requirement.

Tribal Self-Governance Advisory Committee (TSGAC)
In FY 2004, the Tribal Self-Governance Advisory Committee (TSGAC) conducted quarterly meetings of its 18 tribal elected officials who serve as delegates and alternates. The TSGAC met with the Director, IHS, on a regular basis and participated in IHS and HHS workgroup to review various issues of concern to tribes (e.g., diabetes allocation, IHS HQ restructuring, budget formulation, Tribal Consultation Policy Revisions Workgroup, etc.). For HHS, Tribal leaders and OTSG participated in the development of draft Title VI legislation and follow-up on the Self-Governance Feasibility Study conducted by HHS/OS/ASPE.

Area Director Selection
All Oklahoma City Area (OCA) Tribes were invited to four consultation sessions in Oklahoma City, as a part of the search process for an OCA IHS Area Director. The position was first announced in October 2003, and Tribes sent representatives to review applications in November 2003. An interview committee, largely comprised of Tribal representatives interviewed the best-qualified applicants in December 2003. After discussions between the application review committee and the Director, IHS, the position was re-announced in March 2004. New applications were reviewed in April 2004. Interviews were again held in Oklahoma City in late June 2004. The interview committee referred three outstanding applicants to the IHS Director for consideration and a selection was made. Mr. John Daugherty was selected by the IHS

Director, cleared by the Department, and appointed to the Senior Executive Service by the Office of Personnel Management in November 2004. He is currently serving in the position.

The Nashville Area Tribes selected representatives from the St. Regis Mohawk Tribe, Poarch Band of Creek Indians, Chitimacha Tribe of Louisiana, Passamaquoddy Tribe, Indian Township, and United South and Eastern Tribes, Inc. to represent them in consultation for the search for a Director for the Nashville Area IHS. All consultation sessions were held in Nashville, Tennessee. The position was announced three times, as the committee, composed primarily of Tribal representatives, was committed to referring highly qualified applicants that would provide a good fit for the Area. They met to review applications twice and conducted Interviews on November 8, 2004, in Nashville, Tennessee. At that time, they recommended a group of three highly qualified individuals to the Director, IHS. A decision by the Director is pending at this date.

Consultation on the Program Effectiveness Rating Tool (PART)
In August 2004, IHS officials consulted with the Self-Governance Technical Advisory Council in Portland, Oregon. The consultation addressed the Office of Management and Budget's proposed assessment of Tribal Health Programs with the Program Effectiveness Rating Tool (PART). An overview was provided of how the PART process works that included:

- the specific elements of the PART evaluation
- the likely most challenging elements for the Tribal Health Program assessment
- the advantages and disadvantages of participating versus not participating in the PART.
- strategies for preparing and managing the process if tribes decide to participate

The consensus of the workgroup at the conclusion of the consultation was that tribal programs should participate in the PART assessment and begin planning for the spring assessment as soon as possible

Tribal Leaders Diabetes Committee (TLDC)
TLDC is comprised of one elected tribal official from each of the 12 IHS Areas and 1 member-at-large. The TLDC was established to foster ongoing dialogue between the IHS and tribal leadership on matters related to diabetes in American Indian and Alaska Native communities. The TLDC met twice in FY 2004 to address concerns and provide recommendations to the IHS on the Special Diabetes Program for Indians (SDPI) Competitive Grant Program (CGP) process.

Native American Research Centers for Health (NARCH)
The IHS' research initiative for American Indians and Alaska Natives (AI/AN) is the Native American Research Centers for Health (NARCH) which is a collaboration of extramural research support between the National Institutes of Health and the IHS. In FY 2004, the Agency for Health Research and Quality also participated. The NARCH program supports partnerships between AI/AN tribes and tribal organizations that conduct intensive academic level biomedical, behavioral and/or health services research. The purpose of this initiative is to develop a cadre of AI/AN scientists and health professionals who engage in biomedical, clinical, behavioral and health services research that will be competitive in securing NIH and other research funding; increasing the capacity of both research intensive institutions and AI/AN organizations to work in partnership to reduce distrust by AI/AN communities and people toward research;

encouraging competitive research linked to the health priorities of the tribes or tribal organizations and to reduce health disparities in AI/AN communities. In 2004 as in past years, each NARCH is the result of intensive consultation between a tribe or tribal organization and one or more research institutions and each generates ongoing consultation between those partners and IHS program staff.

Consultation Concerning the Community Health Representative (CHR) Program
In conjunction with the IHS national Indian Health Summit held in Washington DC and entitled "Healthier Indian Communities through Partnership and Prevention", a national Community Health Representative (CHR) Summit was convened at which tribal CHRs on behalf of their Areas participated. These tribal representatives provided IHS Headquarters with input and concerns regarding the CHR budget, training and data issues, and community health needs, including their request to develop a closer working relationship with personnel at the local facility level. IHS Headquarters CHR staff is processing information received. In attendance at this meeting was the Board of the National Association of CHRs (NACHR), a source of ongoing advice and consultation to IHS national program staff on a variety of matters impacting the CHR budget, national community health worker issues and collaborations with other entities and other Federal agencies. Information on concerns is still being processed and researched. Once completed, the IHS Director instructed national CHR program staff to bring these findings to him for discussion.

Consultation on the Sanitation Facilities Construction Program
The IHS Sanitation Facilities Construction Program (SFC) consults with and encourages the participation of tribes, States, and other federal agencies in all phases of the SFC Program (Headquarters, Area, and Tribal projects). During FY 2004, tribes continued to participate as members of national workgroups and committees concerning the formulation of national SFC policies, standards and procedures. At the Area Office level tribal participation in activities of the IHS program was attained through use of specific Area level SFC tribal advisory committees or by using existing Area tribal committees to provide advice concerning the SFC program.

Consultation on Facilities Planning and Construction
During FY 2004, the IHS continued to consult with tribes by utilizing the IHS Facilities Appropriation Advisory Board (FAAB), which is a standing committee that advises IHS on which issues need full tribal consultation, and by providing points of view prior to full consultation. The FAAB is composed of 12 tribal members (and two Federal members) and met twice in FY 2004. The FAAB was engaged in a major consultation effort in FY 2004 in response to a Congressional directive requiring that the IHS work closely with tribes to make needed revisions to the Health Care Facilities Construction Priority System. Proposed changes to the system from tribes and others will be evaluated by the FAAB in FY 2005 with recommendations for implementation made to the Director, IHS.

Injury Prevention Tribal Steering Committee (TSC)
The TSC provides advice and guidance to the national IHS Injury Prevention Program, raises awareness of the injury problem facing American Indians and Alaska Natives, and works to enhance the ability of tribes to address their injury problems. The TSC is composed of 12 tribal

members from each of the IHS Area Offices. During FY 2004, the TSC held monthly conference calls and met two times.

Emergency Medical Services for Children (EMSC) Stakeholders Meeting
The IHS Emergency Medical Services for Children Program is funded through an interagency agreement with the Health Resources and Services Administration. During FY 2004, an initial meeting of tribal representatives and others who have a stake in reducing pediatric injury and illness among AI/AN's was held. Since the meeting, follow-up sessions with state EMS programs and local tribal officials have been held in Montana, Oregon, North Dakota and Maine.

OFFICE OF CIVIL RIGHTS (OCR)

The Office for Civil Rights participated in a number of HHS Tribal Budget Consultation activities during FY 2004, including Budget Consultations in Las Vegas, Nevada, Bloomington, Minnesota, and Syracuse, New York.

OCR provided a number of tribal outreach and public education activities, including conducting workshops on civil rights and the Privacy Rule under the Health Insurance Portability and Accountability Act, which are summarized under Part III, No. 2, "Increasing Access to HHS Programs." In addition, OCR played an integral role, in conjunction with CMS staff, at a March 2004 Tribal Consultation held in Portland, Oregon, to discuss Title VI of the Civil Rights Act of 1964 and its applicability to Section 115 Medicaid waivers.

The American Indian and Alaskan Native tribes and organizations present at these listening sessions have a greater understanding of their rights under various civil rights laws and the Privacy Rule.

- The Office for Civil Rights does not have any specific programs that serve solely Native Americans. However, OCR provided a number of tribal outreach and public education activities, including conducting workshops on civil rights and the Privacy Rule under the Health Insurance Portability and Accountability Act, which are summarized under Part III, No. 2, "Increasing Access to HHS Programs." In addition, OCR played an integral role, in conjunction with CMS staff, at a March 2004 Tribal Consultation held in Portland, Oregon, to discuss Title VI of the Civil Rights Act of 1964 and its applicability to Section 115 Medicaid waivers.

- Describe the outcomes or accomplishments that resulted from these sessions. Focus your response on how your Division responded to the requests and priorities raised by tribes at these consultation sessions.

The Native American and Alaskan Native tribes and organizations present at these listening sessions have a greater understanding of their rights under various civil rights laws and the Privacy Rule.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

In FY 2004, SAMHSA worked with the HHS Office of Intergovernmental Affairs and the Office of the Assistant Secretary for Budget, Technology and Finance, as well as the Indian Health Service, in planning for and participating in the annual HHS tribal Budget consultation meeting with tribes. Increasing tribes' access to grant funding is a priority of SAMHSA's Administrator and the Agency's three primary components: the Center for Mental Health Services (CMHS), the Center for Substance Abuse Prevention (CSAP), and the Center for Substance Abuse Treatment (CSAT).

At the consultation meeting, a request was made for SAMHSA to continue its efforts to annually consult with tribes. The Administrator's response emphasized his continue high priority for staff to attend, listen and dialogue with tribal attendees during consultations. SAMHSA staff attended most of the tribal consultations in FY 2004. The Administrator personally attended the Region X consultation in Portland, Oregon and made site visits in Alaska to meet with SAMHSA's tribal grantees and tribal leaders.

Also at the meeting, concern was expressed regarding women giving birth who have tested positive for substance abuse. The Administrator referred to the work of SAMHSA's Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence. The Center is devoted to preventing and addressing such disorders and accomplishes this mission by providing resources to expand the knowledge base, promoting best practices, and providing technical assistance to communities.

Another key concern mentioned was suicide and how to assist tribes and urban Indian programs to develop effective initiatives about suicide prevention. Tribes can access technical assistance in preparing suicide prevention plans, developing training on suicide prevention, and selecting evidence based interventions from SAMHSA's Suicide Prevention Resource Center. In addition, the Administrator noted that SAMHSA provided IHS with funding to complete a suicide prevention toolkit designed by American Indians for use in tribal communities and to develop a cadre of American Indian mental health practitioners that can respond to other tribal communities in crisis when local resources are depleted, overwhelmed or nonexistent.

HHS Regional Tribal Consultations

Region IV (Regions I and II included): SAMHSA's Deputy Administrator gave remarks at this consultation meeting. He mentioned a sustainability tool kit for communities that SAMHSA had developed. An IHS representative stated that such a kit does not work in Indian country because the tribes do not have the resources to sustain programs once the federal funds are gone. SAMHSA subsequently informed the Region's Executive Officer that the National Indian Child Welfare Association (NICWA), which provides technical assistance for the tribes participating in CMHS' Child Mental Health Initiative, adapted the SAMHSA tool kit specifically for tribal grantees. The NICWA tool kit can be found at: http://www.nicwa.org/services/conferences/coc_bidders/bin/50questions.htm.

The Regional Director was also informed that SAMHSA had developed a cross-Center planning team to address sustainability of its discretionary grants, and the CMHS Child Mental Health tool kits have been used as an example for other grant programs to adapt to their populations and issues. In addition, contact information was provided for SAMHSA's tribal-focused resource center, "One Sky," a valuable source for providing technical and other assistance, including guidance specific to sustainability.

Region V: During this consultation, Bemidji Area tribal participants identified alcohol, substance abuse and mental health among their priorities. Included in a list of next steps, a recommendation was made to use an inter-agency transfer of SAMHSA funds to IHS for behavioral health related assistance to tribes. As described in FY 2004 a number of IAA transfers of funds to IHS were made by SAMHSA. A second recommendation was dissemination of SAMHA's budget calendar to tribes. Subsequently, SAMHSA sent its budget calendar and budget flow chart to the tribes attending the Region V consultation session, by way of the Regional Director, as well as information on the Agency's FY 2005 President's budget submission. The Region V meeting attendees, considered the possibility of establishing a tribal issues workgroup for selected HHS Divisions to address Bemidji Area tribal concerns and to ensure ongoing dialogue. A vanguard group, including SAMSHA, was subsequently formed to periodically share information among Divisions and tribal representatives.

Region VI: SAMHSA policy staff was requested to join part of this meeting by conference call, to specifically discuss the Access to Recovery (ATR) grant application process and related technical assistance. A key question posed was whether SAMHSA had discretion to create a tribal set-aside under the ATR program. SAMHSA responded that the legislation does not allow for that. Information was provided about the formal technical assistance sessions available across the country, including one specifically for tribes, as well as how to reach the contact person for the program who could provide additional assistance.

Region VIII: SAMHSA's Administrator gave remarks at the consultation meeting and conferred with IHS and tribal leaders. During the Deputy Secretary's visits to Northern Plains tribes, which were linked to and occurred prior to that meeting – and which visits the Administrator also made with him – tribal leaders of the Crow Tribe and the Northern Cheyenne Tribe identified methamphetamine use as a major health concern among their tribal communities. At the Deputy's request, SAMHSA has followed up with conference calls to both tribes to discuss their concerns and offer assistance. Specific information on methamphetamine use was provided, as well as assistance related to SAMHSA's latest Targeted Capacity Expansion grant opportunity, which for the first time focuses on AI/ANs as a target population (as opposed to racial/ethnic minority populations in general), and also has a focus on methamphetamine use.

Specifically regarding the Crow Tribe, SAMHSA also worked in close collaboration with the IHS Area Office in Billings, Montana, regarding the tribe's Seven Hills Healing Center. The Office had received a draft proposal from the Center for IHS funding, on which SAMHSA's input was requested in order to refine the proposal. SAMHSA's AI/AN Resource Center, "One Sky," reviewed the proposal and suggested that the tribe build into it SAMHSA's "seven

domains" (abstinence from drug use and alcohol abuse, increased access to services, etc.) as the key component of the proposal's reporting requirements. The tribe has done that.

The Deputy Secretary and the Administrator also visited Sinte Gleska University in South Dakota. This tribal university requested assistance in the area of mental health expertise and was contacted by CMHS, which called to officials' attention there SAMHSA's discretionary grants portfolio and in particular Circles of Care. They were informed that the Circles of Care FY 2005 grant announcement for the first time included tribal colleges and universities as eligible entities. Sinte Gleska University subsequently attended CMHS' applicant training session in Denver, Colorado.

Region IX: During the meeting, attended by a policy staff person, some tribes reported increasing numbers of women testing positive for substance abuse, yet giving birth. Some tribes also reported increasing substance abuse among young people. An urgent issue is the problem of methamphetamine use on Indian reservations. Tribes indicated there is a high recidivism rate among methamphetamine users and requested that SAMHSA provide assistance related to detoxification, treatment and aftercare services that must be put in place. Subsequent to the meeting, SAMHSA sent additional detailed information on its programs (including fetal alcohol syndrome disorder and methamphetamine activities) to the Regional Director for circulation to the region's tribes.

Also mentioned at the meeting was SAMHSA's request for public comment on its proposed "standard grant announcements" for the distribution of discretionary grants that are available to State, local and tribal governments, universities, and community and faith based organizations. The Inter-Tribal Council of Arizona (ITCA) provided detailed comments in October 2003, and these were taken into consideration in drafting the final announcements.

Another issue mentioned was the need to assist counselors in obtaining additional coursework or expanded training in States that now require A.A., B.A., and Masters degrees and continuing education units for substance abuse, social work, counseling and therapeutic licensure. (See Part III of this report at "Recruitment and Retention of Care Providers.")

Region X: During the meeting, attended by a budget staff person, a concern was expressed about the review process for Access to Recovery grant applications. It was asked whether SAMHSA would include one or more grant review members who would act as an advocate for the tribes. SAMHSA subsequently responded that concerted efforts had been made to secure experienced grant reviewers who were culturally competent and sensitive. This was accomplished. Further, SAMHSA trained all the reviewers in what they needed to consider in reviewing tribal and State applications.

Related to this meeting were visits to sites in Alaska by the Secretary, who was accompanied by the SAMHSA Administrator. Subsequently, SAMHSA provided $100,000 to IHS to support the projects of two Alaska Native entities: (1) the Kodiak Alaska Native Association (KANA) and (2) the SouthEast Alaska Regional Health Consortium (SEARHC), in consultation with the Organized Village of Kake. The KANA funding ($50,000) will further support a Family Recovery Camp that the Association has been conducting, and the SEARHC funding ($50,000)

for Kake Village will help to address the community's high rate of suicide and alcohol related problems in a variety of ways. For the former, KANA will implement a curriculum that incorporates 12-step recovery and selected culturally relevant activities.

IHS/SAMHSA conference: SAMHSA, in partnership with IHS, convened a behavioral health conference in June 2004 in San Diego, California, that brought together tribal leaders and tribal organizations; the Directors of the Single State Agencies for Alcohol and Drug Abuse of the majority of the 35 "Indian country" States; and international representatives from Australia, Canada, Mexico, and New Zealand. Specifically, CSAT and CSAP, in a collaborative effort with IHS which had the lead, convened the second annual IHS/SAMHSA Behavioral Health Summit, entitled: "Expanding Partnerships to Meet Substance Abuse Treatment and Prevention Challenges in American Indian and Alaska Native Communities." While this meeting is not considered a "tribal consultation," per se, parts of it qualify as such. SAMHSA's Administrator gave a keynote address and conferred with tribal leaders, as did the Directors of CSAT and CSAP. The conference provided a forum to expand the collaborative efforts between SAMHSA and IHS to stakeholders including tribes, urban Indian programs, and State and international representatives. The conference entailed: celebrating sobriety and wellness in AI/AN communities; collaborating and networking; sharing 'What Works' including highlighting evidence-based substance abuse and mental health programs; and identifying strategies for the future. The 3rd annual summit will be in San Diego, California on June 28-30, 2005.

The National Indian Health Board: The organization's 21st Annual Consumer Conference occurred in August 2004 in Oklahoma City, Oklahoma. SAMHSA's Administrator gave a keynote address. The theme for the conference was "Uniting for One Cause: Coming Together for the Greater Good." The conference's goal was to foster collaboration and commitment between American Indian and Alaska Native tribal governments, Federal agencies, States, and health providers to improve health care delivery to American Indians and Alaska Natives.

SECTION III

HHS Response to Tribal Priorities

Priority Issues Identified by Tribes During Consultation Sessions in 2003
and
HHS Agency Responses to Address Those Issues

In response to priorities and concerns raised by tribes during HHS Consultation Sessions, this report provides the opportunity for HHS Programs to report on progress made in addressing tribal issues. This section of the annual consultation report focuses on the results achieved in the broad areas identified by tribes in the prior year.

1. Funding and Budget Issues

ACF

- **Child Care Bureau -** In FY 2004, 263 Tribes and tribal organizations received $96,066,881 in CCDF funds.

- **Office of Community Services -** Tribes/tribal organizations directly accessed the Compassion Capital Fund for the first time in FY 2004.

AoA

- The FY 05 budget request is $32,967,000 for Title VI. This represents an increase of $196,000 over the FY 2004 appropriations.

CDC

- CDC's overall resource commitment to AI/AN public health exceed $75 million in FY2004 – after accounting for indirect funding streams that were not reported previously, this represents a 15 percent increase over FY 2003.

- Funds committed through the extramural funding mechanisms alone (competitive grants and cooperative agreements) approached $25 million ($24,896,200) – a 72 percent increase (or ~ $10 million) over that awarded in FY 2003.

CMS

- **Federal Supply Schedule** – CMS has been working on a statement to clarify an earlier issuance to state Medicaid Directors. The new issuance would clarify the Department of Veterans' Affairs policy that FSS drugs billed to a third party payer, such as Medicaid, should not be billed to generate a profit. CMS discussed this issue with the TTAG and informed them of the intent of the new release. The TTAG has voiced interest in having the new release to go beyond this clarification to provide information on reimbursement levels. Given these circumstances, we will establish a workgroup involving CMS, the TTAG and IHS representatives to review the issuance and make proposed revisions that will be shared with CMS to help make the final decision on this issuance.

- **Medicaid Administrative Matching** – Tribes have requested that funds transferred or certified by Indian tribal organizations be used by states as their share of Medicaid administrative expenditures, just as states may now use funds transferred or certified by Indian tribes for this purpose. CMS has discussed this issue with the TTAG, and a workgroup involving the TTAG, CMS and IHS will be established to review the draft issuance and make proposed changes that will be shared with CMS to be used in the making the final decision on this issue.

- **Part B Services –** MMA expanded the scope of services that IHS-operated facilities can bill for under Part B of Medicare for a 5-year period. CMS is working with IHS and the TTAG to implement this provision.

- **Medicare like rates** – Section 506 of MMA requires hospitals participating in Medicare to accept no more than Medicare-like rates as payment in full for services provided to Indian patients referred by IHS and tribally operated contract health (CHS) program. The TTAG and IHS requested that regulations be issued to implement this provision. IHS has prepared a draft regulation that is currently undergoing the internal review and comment process prior to being sent through the HHS clearance process.

HRSA

- HRSA funding for AI/AN increased from $35.5 million in FY 2003 to over $38 million in FY 2004.

IHS

- In 2004 resources available to the IHS increased by $167 million. Although the FY 2005 Conference action does not provide the minimum increase of 10 percent recommended by the Tribal and Urban health programs, the specific increases provided are consistent with the Tribal/Urban priorities established through the formulation process. Their highest priority is on maintaining the current services provided, and 60 percent of the total funding increases in the FY 2005 conference action is for current services items. For program increases, the Tribal/Urban priorities were for the general type of program increases rather than specific health problems or diseases. Funding for the Indian Health

Care Improvement Fund and Contract Health Services received the highest priority, which are also the activities receiving the greatest increases in the FY 2005 conference action.

2. Increased access to HHS programs

ACF

- **Administration for Native Americans -** ANA's training and technical assistance providers assisted the CDC in pre-application training for their Steps to A Healthier US program. The intent was to increase awareness of this potential funding source.

  ANA's training and technical assistance providers assisted to the Family and Youth Services Bureau for their Mentoring Children of Prisoner's program.

- **Child Care Bureau -** In April 2004, the Child Care Bureau sent a "Dear Tribal Chairperson" letter to over 300 Federally Recognized Tribes that did not apply for FY 2004 CCDF Funds, or received CCDF funds as a member of a tribal consortium. The letter announced the availability of FY 2004 CCDF funds and provided eligibility information and ACF Regional Office contact information to assist interested Tribes in applying for FY 2005 CCDF funds to develop a child care subsidy program in their communities.

  Outcome: Two Indian Tribes that were not FY 2004 CCDF grantees submitted applications/plans and were approved to receive FY 2005 CCDF funds. Including these new grantees, in October 2004, the Child Care Bureau awarded over $96 million to 265 Indian Tribes and tribal organizations.

- **Office of Community Services -** Tribes/tribal organizations directly accessed the Compassion Capital Fund for the first time in FY 2004.

AoA

- Nearly 300 Tribes and Tribal Organizations receive funding through AoA grants.

ATSDR

- ATSDR provides written and oral responses to address specific requests for information that can help tribes address environmental health needs.

- ATSDR conducts Public Health Assessments with tribes to address multiple exposure pathways, determine who is exposed, what should be done about it and whether more rigorous health investigations or public health interventions are needed.

CDC

- CDC funded 58 individual awards to 42 tribal governments, tribal health boards or coalitions, tribal organizations, AN health corporations, and urban Indian health centers – an increase of 45 percent over FY 2003.

- Extramural funds were awarded to 14 tribal governments (compared to 9 in FY 03), 8 tribal health boards (9 in FY 03), 6 Alaska Native health corporations (5 in FY 03), 3 urban Indian health centers (same as FY 03), and 11 tribal organizations (7 in FY 03). Awardees are located in 17 states (15 in FY 03) across the country.

- New programs accessed included motor vehicle injury prevention, STD control, Steps to a HealthierUS (expansion), rapid HIV testing demonstration sites, HIV behavioral and testing surveillance, infant mortality reduction, viral hepatitis integration projects (expansion), public health conference support, emergency medical services linkages, and direct assistance field assignees.

CMS

- **Equitable relief** - CMS is continuing to consider whether tribal members meet the equitable relief requirement of the law. CMS has informed the TTAG that we expect to issue two letters: one will highlight IHS' role in providing the appropriate information to tribal members who are seeking equitable relief. An additional letter will respond to the Salish Kootenai Tribe's request for waiver of the Part B premium surcharge. The TTAG wishes to weigh in on the letters before they are sent forward.

- **Across border –** Issues involving Medicaid payment for services provided to children who are treated in youth regional treatment facilities that are located in another state and payment for services provided under Medicaid when a tribe spans more than one state are becoming more prevalent. CMS discussed these issues during the Medicaid Directors Conference in October 2004, in order to educate states about the availability of the 100 percent FMAP for these services. We will raise these issues with the TTAG and the American Public Human Services Tribal Workgroup to help identify approaches to address these issues.

- **Outreach and Education for Medicare Part D** –The TTAG, in a letter dated February 19, requested funding to establish a comprehensive outreach and education plan for the Medicare discount card and Medicare Part D. CMS provided $200,000 to conduct outreach and education in the tribal community for the discount drug card and is now considering approaches for the Part D program.

HRSA

- The following additional programs were accessed by tribes in FY2004: Heath Careers Opportunity Program – Turtle Mountain Community College; Nursing Workforce Diversity – Cochise College; Rural Health Outreach – Turtle Mountain community College; Ryan White HIV/AIDS Programs – Funding increased from $1.6 million in FY2003 to about $2.2 million in FY 2004

IHS

- IHS/NIH Indigenous Suicide in the Americas Initiative includes SAMHSA and Health Canada as partners to further specify research and programs for suicide among native populations. A key section of this effort is to increase levels of resources and support for Tribal programs to develop and implement suicide prevention strategies at the community level.

- The Division of Behavioral Health was instrumental in bringing together several federal agencies and Tribal programs to promote shared programming and resources. The IHS/CMS Youth Regional Treatment Center effort is underway to promote increased third party reimbursement possibilities for these centers and increase levels of care for those they serve.

- **Elder Health** - IHS participated with the Assistant Secretary for Aging and the Administration for Native Americans (ANA) Commissioner in Tribal Listening Session and site visits in South Dakota on April 26-29, 2004. Listening session with Tribal Leadership and Aging Services programs from across the nation. Met with Tribal Leadership at Pine Ridge and Rosebud. Elder Health Care Initiative Long Term Care Grant program, in collaboration with ANA, provided $966,150 in funding to 20 Tribes, Tribal consortia, and urban clinics for the development of Tribal and AI/AN long term care services. Ongoing programmatic support for these programs, including a national meeting in April 2004. Technical assistance in long-term care provided to Tribes through a contract with the NICOA Tribal Long Term Care project.

- **Women's Health Program -** The Mobile Digital Telemammography (MDT) Project is the first of its kind to combine digital mammography and ultrasound with broadband satellite technology and state-of-the-art health care to extend the reach of medical experts to underserved Indian women in the Aberdeen Area. The satellite communications combined with digital imaging will make it possible for women to receive reports on their mammograms and ultrasound screenings while they are at the clinic, avoiding the anxiety of waiting for results in the mail, and more importantly ensuring that women get the necessary counseling and advice on recommended next steps. The dedication ceremony was held in Belcourt, North Dakota, on October 27, 2004; and was scheduled to coincide with the Tribal Chairmen's Health Board meeting.

- **CHR/EMS Programs:** IHS and the Administration for Native Americans (ANA) have an IAA under which IHS distributed $500,000 to Mountain Plains Health Consortium (MPHC), a 501(c) 3 corporation for ongoing national EMS training to I/T/U EMS providers. MPHC and National Native American EMS Association (NNAEMSA) are working jointly to ensure that tribal EMS providers and Tribal governments, that choose to participate, will be trained on the NIMS/ICS and/or a curriculum for an Emergency Management Framework for Tribes. EMTs will continue to be trained in emergency preparedness dealing with Bioterrorism/WMD/COBRA, as well as ICS to ensure interoperability among all disciplines and governmental levels. In addition, CHRs and

other community members will receive instruction on the Community Emergency Response Teams (CERT) training with the goal to augment First Responder capability in preparing for any disaster.

SAMHSA

- In FY 2004, SAMHSA awarded $21 million to increase drug treatment for pregnant women and new mothers. Among the grantees were two tribal entities. The Choctaw Nation of Oklahoma will expand the availability of comprehensive, high quality residential substance abuse services for low-income American Indian women, ages 18 and over, who are pregnant or postpartum, and their minor children ages 11 and under. The Fairbanks Native Association will expand services through its *Healthy Women – Healthy Children* project which provides critical medical and substance abuse treatment services, including residential services, particularly to Alaska Native women in isolated rural areas with limited health care available.

- White Bison, Inc of Colorado, obtained a grant from among SAMHSA's $11 million in awards to promote recovery from addictive disorders. The project will develop and deliver peer-to-peer recovery support services in community settings. The services are intended to help prevent relapse, facilitate timely tribal reentry into treatment when relapse occurs, and promote sustained recovery and an enhanced quality of life for participants. White Bison is a recovery community organization that is comprised of and led primarily by people in recovery and their family members.

- SAMHSA awarded $35 million in Targeted Capacity Expansion (TCE) grants, which expand or enhance access to substance abuse treatment services in communities facing serious, emerging substance abuse problems. Among the grantees were two tribal entities and one tribal-serving organization. The Menominee Indian Tribe, through a tribal treatment center, will implement a culturally appropriate program of extensive prevention activities and education geared to Menominee youth in particular, and families and the community in general. The Tohono O'odham Nation will support establishment of a comprehensive substance abuse treatment system for adolescents ages 11-17. The Pima Prevention Partnership of Arizona will support the "Success by Design" program, a multi-partner collaboration to establish an intensive outpatient substance abuse day treatment service to address the needs of adjudicated youths.

- SAMHSA awarded $100 million in grants to support substance abuse treatment Access to Recovery (ATR) grants to provide people seeking drug and alcohol treatment with vouchers for a range of appropriate community-based services. Vouchers promote client choice, expand access to a broad array of clinical treatment and recovery support services, and increase substance abuse treatment capacity. In a competition for the grants that included 40 States, one of the 15 successful awardees was a tribal entity. The California Rural Indian Health Board (CRIHB) – a coalition of California tribes – will develop a program that will allow American Indian/Alaska Native patients to select

among Indian and non-Indian providers of services; traditional native spiritual and mainstream faith-based services; and discrete or wrap-around services.

- SAMHSA awarded 34 grants totaling $67.6 million to provide substance abuse and mental health services for homeless people. Two tribal entities were among the grantees that will provide substance abuse and mental health services to homeless individuals. The Friendship House Association of American Indians of California will provide integrated culturally appropriate residential substance abuse treatment, aftercare, case management, community outreach and mental health services to homeless American Indians and Alaska Natives. The Fairbanks Native Association of Alaska will provide residential substance abuse treatment, case management and mental health services to AI/ANs.

- SAMHSA awarded $26 million in grants for children's mental health and substance abuse infrastructure development. Grantees will use these funds to build and sustain community-based, family-centered systems of care for children with serious emotional disturbances, including children with co-occurring substance abuse. The one tribal grantee, the Puyallup Tribe in Pierce County, Washington, will develop the infrastructure for full implementation of a wraparound service delivery model that will be culturally appropriate and cost effective for American Indian/Alaska Native youth.

3. Health Promotion and Disease Prevention

AoA

- The Title VI, Part A and Part B grants provide funds to Tribes for nutrition and supportive services. The nutrition program provides both congregate and home-delivered meals. These meals must meet the USDA/DHHS Dietary Guidelines for Americans that promote a healthy weight, healthy eating, and making sensible food choices that promote health and reduce the risk of certain chronic diseases. Most program offer health education, physical activity, and other health promotion activities at their senior centers.

ASPE

- **South Dakota Family Support Program -- State Innovation Grant -** Awarded in FY 2001, this project was implemented over several years including FY 2004. The South Dakota Department of Human Services, Division of Developmental Disabilities was awarded a grant to expand and enhance their current system of family support with a focus on providing a wide array of culturally competent services to families who have developmentally disabled children over the age of 21 living in the rural areas and on Tribal lands; for example, independent living centers, rehabilitation services, medical services, and informal community resources. Nine federally recognized Sioux Tribal lands are involved in this project as well as rural communities with a population under 15,000. As these families and their children transition from the school to the adult community, this program allows for choices other than the child moving out of their home community to the location of services or the family unit moving.

- ***Cash and Counseling: Next Steps –*** The Robert Wood Johnson Foundation (RWJ) has funded 11 states to replicate "cash and counseling" models for their Medicaid populations with long-term functional disabilities living at home. These models focus on alternative ways of delivering Medicaid-funded home and community-based care to the elderly and disabled. FY 2004 funding from ASPE, AoA, and RWJ supports the technical assistance costs of overseeing planning and implementation by the grantee states and providing specialized expertise to them. Several of the grantee states -- New Mexico and Minnesota --are focusing on the use of culturally competent outreach strategies to recruit and enroll elderly and disabled residing in isolated Tribal communities.

CDC

- CDC, HRSA, and IHS established a collaborative working group to help assess progress toward *Healthy People 2010* Public Health Infrastructure goals in Indian country.

- CDC worked with tribes, IHS, and state/county health departments to apply the National Public Health Performance Standards assessments in several AI communities in the southwest and has drafted a new assessment instrument that will aid tribal communities in conducting their own assessments.

- In partnership with IHS and tribal representatives, CDC/DSTDP worked with The National Coalition of STD Directors (NCSD) in establishing a NCSD workgroup of state STD directors and external partners to address AI/AN STD issues.

- CDC conducted outreach efforts to direct West Nile Virus educational materials to AI populations potentially at risk during the 2004 outbreak, and to learn from 2003 prevention activities conducted by AI health programs.

- CDC/AIP collaborated with Yukon-Kuskokwin Native Health Corporation and the Alaska Native Tribal Health Consortium to develop programs to improve adult immunization rates for influenza, pneumococcal, and tetanus/diphtheria vaccines.

- CDC NIP, OWCD, and OHE worked closely with IHS and tribal immunization coordinators to ensure comprehensive and equitable distribution of 2004 influenza vaccine to high-risk AI/AN populations across the country.

HRSA

- An academic partnership established between Creighton University and the American Indian nations of Omaha and Winnebago to support an innovative interdisciplinary training project responding to priority needs identified by the reservation communities. New activities will be undertaken in FY 2005 to support faculty and student training in foundational skills related to cultural competence and interdisciplinary community based primary care. As well, additional training will be implemented to systematically improve evidence-based primary care services in the target areas of diabetes, geriatrics and mental

health. Health promotion and disease prevention activities will be integrated throughout the training activities.

IHS

- The IHS held a national summit, "**Healthier Indian Communities Through Partnerships and Prevention** in Washington, DC, in September 2004. This meeting brought together more than 800 people including tribal leaders from across Indian country. There were many opportunities to learn about successful community-based programs and best practices. One of the days was focused on collaboration and partnerships in order to help tribes and tribal leaders explore additional partners (academic, foundations, businesses, and other federal and states) focused on health promotion/disease prevention.

- IHS collaborated with the National Indian Health Board to expand the *Just Move It* campaign to include more than 35,000 AI/AN people from 118 communities to participate in community walking/running events. This effort will be expanded in FY 05.

- Community Champion Forums were held in 4 of the 12 Areas in FY 04. These events were coordinated with tribal health board and leaders to bring together best and promising practices from Tribal communities to network

- Healthy Native Communities Fellowship was developed in consultation with the Health Promotion and Disease Prevention Policy Advisory Committee (includes tribal representatives from the major national Indian organizations). This program will develop the capacity and infrastructure at the community level focused on health promotion and disease prevention.

- The **Special Diabetes Program for Indians (SDPI)** funded 318 non-competitive grantees for the prevention and treatment of diabetes in American Indians and Alaska Native communities. In addition, during FY 2004, sixty-six competitive grants were awarded to tribes, tribal entities and Indian health systems to address cardiovascular risk reduction and diabetes prevention through the SDPI Competitive Grant Program (CGP). Funding was approximately $27 million.

- In FY 2001, at the request of tribal leaders serving on the Tribal Leaders Diabetes Committee (TLDC), the IHS and the National Institute of Diabetes & Digestive & Kidney diseases (NIDDK) collaborated on a project to encourage young AI/AN students to consider careers in biomedical research and diabetes. This project also involves the CDC and the American Indian Higher Education Consortium (AIHEC), which represents the 34 tribal colleges around the country. An RFA was released in spring FY 2002 on this interagency collaborative project designed to increase diabetes knowledge among American Indian/Alaska Native students through multicultural diabetes based science education curriculum for grades K - 8 and high schools. By engaging American Indian/Alaska Native youth in the biomedical sciences at an early age in a culturally sensitive manner, a goal of increasing the number of American Indian/Alaska Native

health science professionals can hopefully be achieved. Eight planning grants, approximately $150,000 each, have been awarded to AIHEC institutions throughout Indian Country. In 2003, Phase 2 - the Curriculum Development and Pilot Testing Phase - began. Funded tribal colleges have developed K-4, 5-8 and 9-12 parallel curricula. These curricula will be pilot tested in selected K-12 schools in FY 2005, and revised for fielding in all K-12 schools in American Indian and Alaska Native communities in subsequent years

- The Special Diabetes Program for Indians has brought tribes together working toward a common purpose and sharing information and lessons learned along the way. In May 2004 the Indian Health Service National Diabetes Program Regional Meetings entitled "Celebrating the Spirit of Indian Health Diabetes Programs" were held in Phoenix, Minneapolis, Oklahoma City and Seattle. The Regional Meetings provided a forum for individuals working in Indian health diabetes programs to network, learn about new strategies for the prevention and treatment of diabetes, and to share information on their program activities. In addition, sessions were held to introduce the new Special Diabetes Program for Indians (SDPI) Competitive Grant Program.

- The IHS Division of Diabetes Treatment and Prevention (DDTP) provide an extensive inventory of AI/AN specific diabetes education resources for patients and providers in the Indian health network. The Internet based online ordering service made available to I/T/Us through the IHS DDTP web site in FY 2003 has been an enormous success. Over 70 items are available at no cost on the web site. Diabetes education resources are also available to all I/T/U programs providing diabetes education services to AI/AN clients, family and community members through the DDTP clearinghouse. Approximately 1200 orders for diabetes education materials were processed in FY 2004.

- **PHN Program -** Twelve Tribal PHN Programs received Public Health Nursing Competitive Awards in FY04. The focus for these projects were Health Promotion and Disease Prevention in the following areas:
  - Obesity Prevention in Families, Youth, and Children
  - Cardiovascular Disease Prevention in Women
  - Maternal Child Health (health of the prenatal and post partum patient and infant)
  - Tobacco and Tobacco Cessation
  - Immunizations – All Ages

- **PHN/CHR Programs** - The PHN and CHR programs contributed $25,000 to cover the cost of *Honoring the Gift of the Heart Health* training in the Aberdeen Area for IHS and Tribal employees, at no cost to Tribal participants. This train-the-trainer course trains CHRs and PHNs to in turn to train community laypersons how to develop programs and work within their communities towards the prevention of cardiovascular disease.

- **MCH/PHN/CHR Programs** - In collaboration with the CJ Foundation for the Prevention SIDS, 5000 SIDS Prevention kits were distributed to as many facilities, programs, and other organizations that could be identified as serving American Indians and Alaska Natives. The kit includes posters, pamphlets, videos, and instructions as well

as a DVD from which programs can use to personalize their own material. The kit was developed at the University of North Dakota in collaboration with Tribal organizations and is specific to the Native American population.

NIH

- **National Diabetes Education Program (NDEP) Multicultural Campaigns -** The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) launched the NDEP with the Centers for Disease Control and Prevention in 1997 to change the way diabetes is treated. NDEP takes a multicultural approach to address its goals of improving diabetes treatment and outcomes for African Americans, Asian Americans and Pacific Islanders, American Indians and Alaska Natives, and Hispanic/Latino Americans with diabetes. NDEP promotes early diagnosis and prevention of diabetes, thus reducing morbidity and mortality associated with the disease. NDEP components include public awareness and education campaigns, special population approaches, community-based interventions, health system changes, and an inclusive partnership network. Strategies and activities are being implemented in each of these component areas through established partner-based Work Groups that provide guidance, direction and resources. Specific Work Groups representing each targeted minority population assist NDEP in developing strategies, activities, and products that are culturally and linguistically appropriate and disseminate the materials to their communities.

- **National Kidney Disease Education Program (NKDEP) -** NIDDK initiated the National Kidney Disease Education Program (NKDEP) in the summer of 2000. Since then, NKDEP has worked to address the serious problem of kidney failure among minorities in the United States. NKDEP aims to raise awareness of the seriousness of kidney disease, the importance of testing those at high risk, and the availability of treatment to prevent or slow kidney failure. The overarching goal is to decrease the incidence, prevalence, morbidity, mortality and cost of chronic kidney disease (CKD) in the United States. The program initially focuses on those at highest risk with diabetes, high blood pressure, or a family history of kidney failure. The NKDEP plans to widen its target audiences, including other racial and ethnic groups, as the program expands.

- **Diabetes Based Science Education In Tribal Schools (DETS) -** The National Institute of Diabetes and Digestive and Kidney Diseases, the Centers for Disease Control and Prevention (CDC), the Indian Health Service (IHS), Tribal Colleges and Universities (TCUs), and the Tribal Leaders Diabetes Committee (TLDC) joined together to develop an educational program to enhance understanding and appreciation of diabetes and related science in tribal elementary, middle and high schools. Through better understanding of diabetes, Tribal children can be instrumental in preventing the development and better managing diabetes, and reducing its human costs. This goal can be better achieved through greater numbers of tribal children entering into the health science professions.

- **Prevention and Control of Type 2 Diabetes in the Pima Indians of Arizona -** NIDDK began working with Pima Indian volunteers in Phoenix in the mid-1960s after a health survey revealed an astonishing rate of type 2 diabetes in the Gila River Indian Community.

  NIDDK and the Gila River Tribal Council seek to raise awareness of the seriousness of diabetes, its risk factors and the potential strategies for preventing diabetes and its complications.

- **Improve Control of Type 2 Diabetes -** NIDDK staff in Arizona have greatly expanded their collaboration with the Gila River Health Care Corporation to improve diabetes services in the community and apply all available knowledge for the best treatment of diabetes and its complications. NIDDK continues to provide laboratory service to the Health Care Corporation's hospital, including tests to monitor diabetes control and to detect and monitor early diabetic kidney disease. NIDDK staff, in collaboration with the Health Care Corporation, have begun examining people with diabetes yearly to help ensure that standards of care for diabetes are being met as much as possible. In addition to providing care to participants in research studies, many of NIDDK nurses and doctors volunteer their time and services to the Health Care Corporation.

- **Improve infrastructure support for diabetes prevention activities and control** - The diabetes prevention and intervention initiative is an NIDDK activity that provides funds to the Gila River Indian Community for activities that directly benefit community members with diabetes or who are at risk for diabetes. In the past year, the NIDDK has assisted with many different projects in the community, including providing funds for the following:

  - the Dental Department at the Gila River Health Care Corporation to hire two dental assistants; purchase 50 full dentures, 50 partial dentures, and 50 units of bridgework; and purchase an array of new dental equipment to address periodontal disease associated with diabetes in the community.
  - the Optometry Department at the Gila River Health Care Corporation to purchase equipment that enhances the care of patients with diabetes and glaucoma.
  - the Department of Public Health Wellness Center to install a new wood flooring system in the gymnasium to replace the tile floor.
  - the Pharmacy Department at the Gila River Health Care Corporation to purchase video-conferencing equipment to connect Corporation's Hospital with the satellite clinics at Ak-Chin and Gila Crossing.
  - improving healthcare data systems at the Gila River Health Care Corporation. These funds were used to enhance the billing and collection systems at the corporation.
  - to purchase 45 new computer workstations for the Gila River Health Care Corporation.
  - to purchase project management services for the medical information systems enhancements at the Gila River Health Care Corporation.

- to the Department of Public Health Wellness Center for exercise equipment including six treadmills and three elliptical exercisers.
- to the Head Start program for construction of a playground and the purchase of playground equipment.
- enhancing data integrity in the healthcare data systems at the Gila River Health Care Corporation.

SAMHSA

- The Center for Substance Abuse Prevention (CSAP) has the mission of bringing effective substance abuse prevention to every community. This is being accomplished through the recently developed Strategic Prevention Framework, one of our matrix program priorities. Key objectives of the Framework are to support the implementation of effective prevention programs in States, tribes and communities, and to promote the use of performance measures and evaluation tools by substance abuse prevention providers. Key FY 2004 prevention-related grants and activities follow.

- SAMHSA awarded $23 million to fight club drug use. Grantees will address the spread of Ecstasy and other club drugs. The funds will foster development of projects through schools, Boys and Girls Clubs, local health departments and other community-based organizations that have strong evidence of effectiveness. The one tribal grantee, the Jamul Indian Village of California, will implement culturally appropriate prevention services, including assessment of problems and solutions, media advocacy to raise the issue on the public agenda, and prevention development to address drug availability.

- SAMHSA awarded $4 million in grants to fund community collaborations to prevent youth violence and promote youth development. The one tribal entity that received a grant was Native Images Inc., in Tucson, Arizona. The organization's program will have four components for American Indian/Alaska Native clients: (1) Spiritual: traditional services, rites of passage, herbal medicine; (2) Educational: health promotion, gang prevention, substance abuse prevention, HIV counseling and testing, suicide awareness and prevention; (3) Traditional Arts: mask making, painting, basketry, leatherwork, clay, beading; and (4) Environmental: sustenance agriculture and animal husbandry.

- Funding from SAMHSA's Fetal Alcohol Spectrum Disorders Center for Excellence assisted Alaska to institute a statewide media campaign for prevention of women drinking during pregnancy. CSAP has now formed an AI/AN FASD Advisory Council. It will hold its first meeting in January 2005 and will advise and help the FASD Center for Excellence in developing initiatives for Indian country.

- Finally, in the area of suicide, SAMHSA chairs a Federal Steering Group on suicide prevention and this group is focusing on how to share information across agencies, including IHS, about suicide prevention activities. (Note also SAMHSA's Prevention Resource Center and the suicide prevention tool kit described in section A. under Part I.)

4. Recruitment and Retention of Care Providers

ACF

- **Children's Bureau -** The Regions hold Tribal conferences and Roundtables to train human service providers. ACF held a nation-wide Tribal Child Welfare conference in July 2003 and anticipates another conference in 2005.

- **Head Start Bureau -** Head Start requires that preschool teachers have a minimum of a Child Development Associate (CDA) credential. At least fifty percent of all teachers nationwide must have at least a Bachelor's degree. Head Start provides funding to several tribal colleges and universities to increase access of Head Start staff to degree opportunities.

ATSDR

- ATSDR partnered with CDC in July of 2004 to develop the 1st Conference on Increasing the Number of American Indian/Alaska Native/Native Hawaiians in Public Health Careers.

CDC

- In July 2004, CDC hosted the first conference on increasing AI/AN and Native Hawaiian careers in public health as a first step toward 3 objectives: increase the number of AI/AN/NH public health professionals employed at CDC; increase the number of AI/AN/NHs participating in CDC/ATSDR training/ internship/fellowship programs; and increase the number of AI/AN/NH public health professionals.

- CDC/NIOSH provides a workforce development award to the University of Oklahoma that supports industrial hygiene/environmental management masters degree programs in the College of Public Health that helps to recruit AI/AN students into the field of industrial hygiene.

- CDC sponsored 4 American Indian Science and Engineering Society (AISES) interns -- a summer program that provides qualified AI/AN college students with opportunities to explore potential federal service careers.

IHS

- **The Indian Health Service Health Professions Scholarship Program** established by section 104 of the Indian Health Care Improvement Act (IHCIA) provides scholarships to AI/AN people wishing to enter the health professions. The scholarships help students obtain the education necessary to prepare for admission to health professional school or actually to attend health professional school. In FY 2004, 428 scholarships were awarded, of which 122 were for preparatory studies and 306 were for professional

studies. Another 179 graduated from health professional schools and entered the workforce in Indian health programs. Students in health professional schools agree to provide health care services upon completion of their studies in return for the support they receive while in school. One option available for service of their obligation is tribal and urban Indian health programs. Many have availed themselves of this opportunity over the years.

- **The Indian Health Service Loan Repayment Program**, established by section 108 of the IHCIA, is available to tribal and urban Indian health program employees. In FY 2004, there were 492 loan repayment awards to health professionals in the Indian health system. This included 95 physicians, 99 nurses, 106 dentists and dental hygienists, and 69 pharmacists. Of these individuals, 207 were tribal employees, with many of the remaining 282 federal employees serving at tribal sites.

- **The Health Professions Recruitment Program for Indians**, established by section 102 and the Tribal Recruitment and Retention of Health Care Professionals into Indian Health Programs established by section 110 of the Indian Health Care Improvement Act are related to the priority area of Educational and Community-based programs. The purpose of these programs is to increase the number of American Indians (AI) and Alaska Natives (AN) entering the Health professions and to assure an adequate supply of health professionals to the IHS, Indian Tribes, Tribal organizations, and urban Indian organizations involved in the provision of health care to American Indians and Alaska Natives.

- Throughout fiscal year 2004, the IHS engaged in a major effort to recruit health professionals into the commissioned corps of the U.S. Public Health Service. Officers were assigned to both IHS and tribal health programs.

- The IHS has also worked to recruit health professionals who are leaving the military as the Department of Defense reduces the size of its medical corps. Recruits may serve in various I/T/U programs.

- Developed a Multi-Program Online Recruitment Enterprise (MORE) system to manage contacts and applicants for the Dental, Nursing, and Pharmacy disciplines. Also, the MORE system is being developed for other disciplines.

- Initiated a multidisciplinary recruitment project to develop materials for recruitment of all health care professionals for all I/T/U programs

- **Dental Recruitment**: The development of the Multidiscipline Online Recruiting Enterprise (M.O.R.E.) program has allowed dental contacts and dental applicants to submit information via the Internet. This information is automatically downloaded into a centralized database, which is then accessible to field/regional recruiters. This process has resulted in a streamlined process by which dental applicants and contacts are reached by the field/regional recruiters, thus maximizing the potential for the dental applicants and contacts to be hired by Indian Health Service dental clinics. The end result of this

innovative recruitment tool has been to expedite the manner in which dental providers may be hired to work in IHS-direct and Tribally-managed dental clinics, thus increasing the ability of American Indian and Alaska Native people to access dental care.

- **Nursing Recruitment**: All nursing recruitment activity supported by the IHS Division of Nursing is done without regard to Tribal operation. As such, the IHS Division of Nursing spent $198,818 on advertisements placed in national journals and papers, $52,250 for exhibiting at national conferences, and $360,000 for the salaries and benefits of three national nurse recruiters in an effort to recruit registered nurses for all facilities, including Tribal. The nurse recruiters assist all facilities to list their vacancies on the IHS Jobs Database, USAJobs.gov, PHS Nursing Listserv, and the IHS Multidisciplinary Online Recruitment Effort (MORE) and follow up with applicants who inquire about Tribal vacancies. Each nurse recruiter participates on the PHS Nurse Application Committee and assists PHS Commissioned Corps applicants find positions in Tribal facilities. The IHS nurse recruiters also provide payback obliges from the Section 112 nursing program on information regarding Tribal facilities needing nurses. Tribal facilities are also included in the Loan Repayment Site scoring system.

- A workgroup met in August 2004 to develop and implement a template for a new graduate orientation program that can be utilized at any facility. Preceptor training to support this endeavor will occur in FY 2005. As part of this initiative, $306,880 was distributed among the 12 Areas based on the number of registered nurse positions (including Tribal) and the number of vacant positions (including Tribal) in each Area. This funding is to be utilized within the Area for the implementation of a program to facilitate the success of on-boarding new graduate nurses, including those going to Tribal facilities.

SAMHSA

- SAMHSA Minority Fellowship Program (MFP): The purpose of the MFP is to facilitate the entry of ethnic minority students, including AI/ANs, into mental health and substance abuse disorder careers and to increase the number of ethnic minority psychiatrists, psychologists, nurses, and social workers. The First National SAMHSA MFP Conference – "Cultural Competence and Reducing Health Disparities" – was held in Washington, D.C., in December 2003. 74 current MFP Fellows and 59 MFP Alumni attended the conference.
- In a related vein, CMHS continues to facilitate the incorporation of traditional healers in the systems of care initiatives of the tribally targeted Circles of Care program as well as the Child Mental Health Initiative, in accordance with local cultural protocols. And, in FY 2005, the Circles of Care grant program will, for the first time, include tribal colleges and universities as eligible entities. Also, CSAT, with its Targeted Capacity Expansion (TCE) grants, continues to solicit and support traditional Native healing practices when applicant tribes and entities propose to use such models among Indian populations.

- SAMHSA's Prevention Pathways web site (http://preventionpathways.samhsa.gov) offers professionals access to training courses and continuing education units. SAMHSA's

Addiction Technology Transfer Centers (ATTCs) Network has 13 regional centers and a national office. The ATTCs' primary purpose is to increase clinical practice knowledge and skills of addiction treatment practitioners by facilitating access to state-of-the-art research and education.

- SAMHSA continues to participate in the American University program, Washington Internship for Native Students (WINS), which provides work experiences for American Indian/Alaska Native students in the mental health and substance abuse fields. This has provided richly rewarding experiences for both the students and the SAMHSA workforce. Also in FY 2004, an intern with the Emerging Leader's Program (home base, IHS) joined the ICNAA liaison person for three months for training experience.

5. Emergency Preparedness/Homeland Security

ACF

- **Administration for Native Americans -** Through an inter-agency agreement ANA has provided the IHS with $375,000 for the training of individuals.

AoA

- AoA provides training on disaster preparedness to assist Tribes develop disaster plans.

ATSDR

- The Agency for Toxic Substances and Disease Registry (ATSDR), and the Environmental Protection Agency (EPA) are partnering to assess the emergency response capabilities of tribes to terrorist attacks. Included in this scope of work will be an assessment of tribal awareness of possible radiological emergency scenarios and an evaluation of any existing emergency response plans.

- In addition, ATSDR is proactively attempting to develop methodologies to improve tribal emergency preparedness and response capabilities as well as develop culturally relevant training programs that could be used for the development of a comprehensive emergency response plan with implementation activities.

CDC

- In FY 2004, $4,000,000 of states' cooperative agreement funds were disseminated to tribal nations, IHS, and tribal organizations in the form of grants, contracts, and dedicated staff. Of this amount, $1.7 M went to benefit tribal nations, associated organizations, and other response partners through activities such as the hiring of liaisons, resources to support tribal planning, and training and education.

- Since June 2003 OTPER Tribal Liaison Officer has conducted over 24 tribal site visits to address bioterrorism in tribal nations – visits have included presentations, technical assistance, and initiating collaboration between tribal entities and state grantees. Sites visited include the Tohono O'odham Nation, Blackfeet Nation, St. Regis Mohawk Nation, Bad River Nation, and Red Cliff Nation.

- Among 8 states with federally recognized tribes and international borders, the states of MT, MN, MI, NY, and AZ have involved local tribes in the Early Warning Infectious Disease Surveillance project; TX, WI, and WA have similar plans.
- Progress reviews provided to CDC by state awardees indicate that a number of tribes in 33 or 36 "reservation states" are involved with states in preparedness efforts; CDC/OTPER will continue to monitor these reports to ensure tribal participation.

- The NW Portland Area Indian Health Board contracted with the CDC-funded NW Center for Public Health Practice at the University of Washington to conduct a training needs assessment of Washington tribes. The assessment instrument used for this project is available to others wishing to conduct similar assessments in Indian country; NPAIHB will conduct the same assessment with tribes in Oregon and Idaho.

AHRQ

- AHRQ supported a significant amount of research, conducted a series of web-assisted conference calls, and developed numerous tools to help state and local governments plan for bioterrorist events. These activities were not particular to AIs/ANs, but included tribes along with other governmental units.

IHS

- The IHS Area offices, hospitals and clinics are collaborating and communicating with their local Tribes through the Local Emergency Planning Committees (LEPC). The LEPC is a community-based activity that includes federal, state, local and Tribal entities, and is geared toward the development of community all-disaster emergency management plans.

- The IHS has collaborated with the Tribes on activities related to bioterrorism funding through the CDC and HRSA Cooperative Agreements. Example activities include a Joint Tribal/IHS/CDC Bioterrorism meeting led by the IHS Nashville Area, the Phoenix Area involvement with the Inter-Tribal Council of Arizona, and the IHS participation in the Bioterrorism Conference hosted by the Great Lakes Inter-Tribal Council.

- The IHS has recently completed model emergency management plans for hospitals and clinics. Some Tribes have expressed interest in obtaining a copy of the model plans and learning of IHS implementation processes. The sharing of information will result in desired compatibility of emergency management plans among IHS and Tribally-operated hospitals and clinics.

- **CHR/EMS Programs**
  IHS staff participated on the Federal Advisory Panel (FAP) for the "Tribal Border Security Pilot Project" (TBSPP) grant being conducted by National Congress of American Indians (NCAI) and the National Native American Law Enforcement Association (NNALEA). The purpose of the project is to help build, enhance and sustain the tribal capacity to prevent, respond to, and recover from, threats or acts of terrorism, natural disasters, and other national emergencies. Its goal is to build and strengthen partnerships and relationships between tribal, federal, state and local governments, agencies and professionals. IHS CHR/EMS staff members are participating to provide a public health perspective from a community based health programs and medical facility viewpoint. In Phase 1 of the project, Tribes will complete a comprehensive survey and can utilize that information in establishing needs and disparities in homeland security funding.

- In conjunction with the ANAANA, NNEMSA, and MPHC, the IHS assisted over 160 tribal EMTs obtain training on Weapons of Mass Destruction (WMD) and Bioterrorism. Up to 20 CHRs in each of nine IHS Areas received state certified training in the 40-hour First Responder course.

SAMHSA

- In September of 2004, SAMHSA obligated $50,000 for a SAMHSA Emergency Response Grant (SERG) to the Crow Creek Indian tribe in South Dakota. This grant was given to increase the tribe's mental health response to a series of youth suicides and an ongoing, elevated number of suicide attempts within the tribal community.

  The grant was awarded specifically for the operation of a "safe house" for young people during the Thanksgiving and Christmas/winter holidays. This activity addressed the fact that the youth were most vulnerable during holidays. It also increased the tribe's capacity to provide assistance during the highest risk time. Emergency response and enhanced capacity are both identified goals of the SERG program.

6. Data and Research

ACF

- **Child Care Bureau (Research)** - In September 2004, the Child Care Bureau funded a two-year State-Tribal Collaboration child care research project (for nearly $100,000 total) focusing on informal care - - care by family, friends and neighbors.

  Data - The Child Care Bureau held trainings on the ***Tribal Data Tracker*** at its Tenth National AI/AN Child Care Conference in April 2004, and at its Tribal CCDF New Administrators Training in December 2003. The ***Tribal Data Tracker*** was developed in 2001 assist tribal childcare grantees with federal reporting and case management functions, such as tracking family and provider information. As a result of extensive outreach by ACF Regional Offices and the Child Care Automation Resource Center (a

Child Care Bureau contractor), tribal data submissions increased to an all-time high of 75% during FY 2004.

- **Children's Bureau -** Children's Bureau continues to fund the National Indian Child Welfare Association (NICWA) to develop a tribal child abuse and neglect data collection and reporting system.

- **Head Start Bureau -** The Head Start Bureau is working with the ACF Office of Planning, Research, and Evaluation to plan relevant tribal research activities.

- **Office of Community Services -** The Bureau of the Census is providing to OCS a special tabulation of Census 2000 population and poverty data on Indian tribes (and states).

AoA

- The Native American Aging Resource Centers assist Tribes in conducting elder needs assessments and provide training on using the data gathered for program planning and grant applications.

ASPE

- **Evaluation of the Tribal Welfare-to-Work Programs (WtW).** The Department of Labor=s Welfare-to-Work (WtW) grants program supplements other program resources in addressing employment needs of American Indian Tribes and Alaska Native villages. Congress mandated that the WtW program, including the Tribal component, be evaluated by HHS, and ASPE has had the lead in conducting this study. The last of four reports pertaining to the Tribal WtW program entitled, *Overcoming Challenges to Business and Economic Development in Indian Country* was released in August 2004.

- **The Adequacy of DHHS Collection of Racial and Ethnic Data.** A consortium of DHHS agencies including ASPE supported a study by the National Academy of Sciences. This study reviewed DHHS= data collection systems and practices and any data collection or reporting systems required under Department programs. The panel focused on: 1) reviewing data needs for evaluating the effects of socioeconomic status, race and ethnicity (including Native Americans) on access to health care and on disparity in health and other social outcomes, and the data needed to enforce existing protections for equal access to health care; 2) evaluating the effectiveness of the data systems and collection practices of DHHS; and 3) identifying critical gaps in the data and suggesting ways in which they could be filled. The final report entitled: *Eliminating Health Disparities – Measurement and Data Needs* was released in 2004.

- **The Secretary's Advisory Committee, the National Committee on Vital and Health Statistics** (staffed by the ASPE) and its Subcommittee on Populations examine data issues relevant to racial and ethnic minorities. The Subcommittee focuses on:

1) population-based data concerning the U.S. population generally, as well as on 2) data about specific vulnerable groups (including Native Americans) within the population which are disadvantaged by virtue of their special health needs, economic status, race and ethnicity, disability, age, or area of residence.

- **Barriers to AI/AN/NA Access to HHS Programs**. ASPE, ASBTF, ANA, and the ICNA are funding a research project to help increase understanding of the programmatic and administrative barriers preventing AI/AN/NA communities from more fully participating in those HHS grants programs for which they are eligible. This study will gather information on both HHS program officials= and Tribal representatives= perspectives of funding barriers and related issues, identify for HHS the most significant barriers to grants access for AI/AN/NAs, and consider strategies for improving access. The main components of this one year project include: a survey of officials of HHS programs, focus groups with officials from a subset of these programs, discussions with representatives of AI/AN/NA groups, and consulting with a workgroup of HHS and Tribal representatives at major junctures in the project. Expected completion date is September 2005.

- **Best Practices Project in Health Services**. ASPE has transferred research and evaluation funds to IHS to support the study of the diffusion and use of selected best practices in cardiovascular disease provided by federally and Tribally-operated programs and to identify emerging locally generated best practices in those health conditions. Two IHS epidemiology centers (Northern Plains Tribal Epidemiology Center and the Alaska Native Epidemiology Center) will conduct the study. Funds will facilitate identification of best practices and measure frequency of use of those best practices using existing data from the IHS Resource and Patient Management System (RPMS) (when available), the diabetes program, the behavioral health program, and survey data.

ATSDR

- ATSDR partnered with the Environmental Protection Agency (EPA) in the development of a project to assess the "Lifestyle and Cultural Practices of Tribal Populations and Risk from Toxic Substances in the Environment."

CDC

- CDC staff (DCPC, DHAP, OHD, OWCD) are working with tribal partners, IHS, and state health departments to systematically document and correct AI/AN racial misclassification in health data sets such as cancer registries, death certificates, and reportable infectious diseases (STDs, HIV/AIDS).

- CDC/NCHS provides data on the nation's health to support research, health policy, and public health. Each NCHS data system collects data on AI/AN and data products (electronic files, reports, Internet releases) include data that detail the health of AI/AN and other populations. Health, United States, the Secretary's annual report to the Congress on the nation's health, includes many AI/AN data tables.

- AIP continues to study pneumococcal disease prevention in ANs -- results of disease epidemiology, vaccine effectiveness, and vaccine coverage studies have been reported to health care providers throughout Alaska; new interventions developed include bilingual (English and Yupik) vaccine information brochures, a vaccine video for AN adults, and an evaluation of adult vaccination rates in Alaska.

- The findings of a collaborative GIS-based case-control study for plague risk mapping in the Southwestern US, involving CDC, Navajo, Hopi, and Zuni Tribes, Indian Health Service, and the USGS Mid Continent Mapping Center will be used to design improved plague surveillance and prevention.

- CDC/DRH coordinated a Forum on AI/AN Maternal, Infant, and Child Health Research Issues to discuss MCH research needs and to offer recommendations for actions to further research to improve the health of AI/AN mothers and children.

HRSA

- Two reports were undertaken in FY2004: one, to identify, analyze and describe health systems that routinely integrate the care of tribal beneficiaries and non-tribal community members; and the other one, to examine the effects of integrating tribal and Western forms of treatment into health care.

IHS

- **Native American Research Centers for Health, NARCH**
  The IHS' research initiative for American Indians and Alaska Natives (AI/AN) is the Native American Research Centers for Health (NARCH); this is a collaboration of extramural research support between the National Institutes of Health (NIH) and IHS. For the first time, in FY 2004, the Agency for Health Research and Quality (AHRQ) also participated. The NARCH program supports partnerships between AI/AN tribes or tribal organizations and institutions that conduct intensive academic-level biomedical, behavioral and/or health services research. The purpose of this initiative is to develop a cadre of AI/AN scientists and health professionals who engage in biomedical, clinical, behavioral and health services research that will be competitive in securing NIH and other research funding; to increase the capacity of both research-intensive institutions and AI/AN organizations to work in partnership to reduce distrust by AI/AN communities and people toward research; and to encourage competitive research linked to the health priorities of the tribes or tribal organizations and to reduce health disparities in AI/AN communities. Each NARCH is the result of intensive consultation between a Tribe or

Tribal organization and one or more research institutions and each generates ongoing consultation between those partners and IHS program staff.

NIH

- **Pima Indian Epidemiology Study of Diabetes -** Our mission is to help provide knowledge and assistance to the Gila River Indian Community (GRIC) in controlling the epidemic of diabetes, overweight, and related diseases affecting the kidneys, eyes, and heart. The NIDDK, in collaboration with the Gila River Indian Community of Arizona, has conducted a longitudinal epidemiological study among the Pima Indians since 1965.

SAMHSA

- Tribal participants in the CMHS Child Mental Health Initiative participate in extensive evaluation protocols that yield diagnostic and systemic profiles for tribal participants, comparable to national aggregate data. This information is published and reported to Congress annually.

- Regarding CSAT's Targeted Capacity Expansion program, the Center continues to analyze data from a voluntary data tool developed by AI/AN TCE grantees to accompany the required GPRA data instrument. The data gathering efforts provide important information regarding the types of services (residential, outpatient, aftercare) and the various service populations (adolescents, women with children, adult males/females, criminal justice) for AI/AN people, and includes information on participation in traditional practices, language and other factors related to this population.

7. Legislation

ACF

- **Children's Bureau -** The President has proposed a Child Welfare program that would authorize $30 million to Tribes to operate their own child welfare programs. This bill has not been introduced.

  There is a bill (Herger bill) in Congress that would allow Tribes to directly access Foster Care and Adoption funds through title IV-E of the Social Security Act. This bill also makes various provisions for further access to social service funding.

- **Office of Child Support Enforcement -** Provisions in the Child Support Proposals for FY 2003 [currently in the Welfare Reform Reauthorization Bill]

Collect Past-due Child Support through Intercept of Gaming Proceeds

Proposal: Require state and tribal Child Support Enforcement (CSE) programs, as a condition of receiving Federal funds under title IV-D of the Social Security Act, to have and use laws to intercept gaming winnings to satisfy past-due support. Gaming facilities would include, but not be limited to casinos and establishments that support horse and dog racing, jai alai, and keno. State and tribal CSE programs would be reimbursed for their expenses at the prevailing matching rate. Gaming establishments would be able to deduct a processing fee not to exceed two percent of the amount being withheld to cover their costs.

- **Provide Direct Access for Indian Tribes to the Federal Income Tax Refund Offset Program and The Federal Parent Locator Service**

  Proposal: Authorize Tribal Child Support Enforcement programs receiving Federal IV-D funding to have direct access to the Federal Income Tax Refund Offset program and the FPLS. This would give these programs use of one of the most effective collection tools and access to the Federal level locate data sources, strengthening Tribal program agency's performance.

- **Provide Funding for the Access and Visitation Program**

  Proposal: Funds would be available, by application, to Tribes that have successfully administered a tribal Child Support program receiving Federal IV-D funding for at least one year. Available funding would be a base amount of $10,000.00 per tribe and additional amounts based upon the number of children in single family households that the Tribe services. This would be a separate funding stream from State Access and Visitation programs.

- **TANF -** Reauthorization of TANF, including Tribal TANF, and Native Employment Works is pending.

AoA

- AoA has solicited input from the Tribes on issues for the reauthorization of the Older Americans Act.

IHS

- Tribes have identified S. 556 & H.R. 2440, bills to reauthorize the Indian Health Care Improvement Act as a major priority to be accomplished in fiscal year 2004.
  - The reauthorization proposals which were developed by Tribes and Urban Indian Health Program leaders have been pending in congress since 1999.
  - Since that time, there have been numerous congressional hearings on these bills.
  - During fiscal year 2004, Indian Health Service consulted with the National Steering Committee on the reauthorization of the Indian Health Care Improvement Act in

March. The one- day meeting was for the purpose of IHS legislative and program staff to be briefed by the National Steering Committee members as to their current positions and views on the concerns raised by the Department on the legislative proposals.

- IHS Headquarters established links with tribes in the 12 IHS regions through area coordinators who would be updated throughout the fiscal years as to the status of the IHCIA reauthorization. These area coordinators would in turn apprise the tribes in their respective areas as to the status of the reauthorization efforts.
- IHS Legislative staff would brief and update National Steering Committee members on Departmental issues as appropriate.
- Department/IHS have had meetings with key congressional committee staff during the summer/fall of 2004 to work through pending issues with the reauthorization proposals.

8. Other

HRSA

- The Alaska Frontier Extended Stay Consortium was funded at $1.25 million to examine the effectiveness and appropriateness of Frontier Extended Stay Clinics in providing health care services in remote locations in Alaska.

SAMHSA

- **Ute Mountain Tribe**: In April 2004, at the specific request of the Deputy Secretary, SAMHSA provide technical assistance to the Ute Mountain Tribe of Towaoc, Colorado. The Deputy Secretary had visited the tribe in late 2003 and was informed of tribal members; very low average life expectancy, which in part was directly caused by alcohol abuse. SAMHSA provided a two-day grant writing training on April 28 and 29, 2004. Training included an overview of SAMHSA; identifying resources for funding, including Federal, State, foundation and corporate; understanding the grant announcement and application process; and developing partnerships and collaborations. The second day provided participants the opportunity to work in small groups and actually develop sections of a proposal.

- **American Indian/Alaska Native National Resource Center:** Jointly funded by CSAT and CSAP, the "One Sky Center" in Portland, Oregon was established by the Oregon Health and Science University. The Center identifies and fosters effective, culturally appropriate substance abuse prevention and treatment programs and systems to support American Indian/Alaska Native populations. The NRC provides technical assistance, training, dissemination and communication to increase substance abuse prevention and treatment knowledge and skills among service providers, policy makers, tribal communities, funding organizations and consumers. Mentioned in the body of this report in Part I., B., as providing technical assistance to the Crow Tribe in Region VIII, One Sky also provided assistance to several tribes applying for SAMHSA Access to Recovery grants, including the one tribal grantee, California Rural Indian Health Board.

- **Grant writing TA series:** In the area of assisting tribes and tribal organizations to increase their access to SAMHSA's programs, SAMHSA held a series of conferences, workshops and technical assistance meetings throughout the country to help remove unnecessary barriers that may prevent community and faith-based organizations from receiving Federal funding and participating as viable substance abuse treatment, prevention and mental health service providers. (A second series is ongoing in FY 2005.) All the sessions of the Faith-Based and Community Initiative for Grant Writing Training and Technical Assistance were open to tribal attendees, and SAMHSA offered two tribal-specific sessions. (1) As part of the 27th Annual American Indian School on Alcohol and Drug-related Issues in Albuquerque, New Mexico, SAMHSA provided grant writing technical assistance from February 28 through March 5, 2004. Topic areas included: proposal development, alcohol and drug abuse recovery issues, coalition building, capacity building, fiscal accountability and diversified funding. (2) The Wellbriety Plan Technical Assistance Meeting for Native Americans was held in Denver, Colorado, April 13-15, 2004. Representatives from Urban Community Indian Centers across the United States addressed AI/AN strategies for prevention, treatment, intervention, and recovery from alcohol and other addictions, as well as from co-occurring disorders.

SECTION IV

Intradepartmental Council on Native American Affairs

Members and Liaisons

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

SECRETARY'S INTRADEPARTMENTAL COUNCIL ON NATIVE AMERICAN AFFAIRS

MEMBERS AND LIAISONS
February 9, 2004

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